	7			STATE OF MARYLAND		
22-24	1	FOR - STATE	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	9 7 2	8 17
63737 AU	9-2	REASED NAME FIRST	WIDDLE	LAST	REG. NO.	YEAR 26 HOUR
o e 3	(TY	Wilbur Wilbur	J. Abe	1 70	Aug. 23.1987	10 1100K
moy be r, page 3 fter death	3. S		4 RACE	5. DATE OF BIRTH		F UNDER 1 YEAR IF UNDER 24 HRS
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deals and district designation of original district designation of original district designation or original district designation origi	M	SIRTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	A.A.Co.	MD.
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and state of within) 14 F	WILBUR J.	ABEL,	SR. MARY	WE	GOOD
(.4)		WAS DECEASED EVER IN U.S., ARI (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECUR EWAR OR OATES) 215-32-4		ABEL (SAME AS	13 A-E)
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O HOSPITAL etained by th TO FUNERAL should be deta with the State MAPORTANT: H		THE DAY OF THE PARTY OF THE PAR	EMLERT	220 ADDRESS	Rennington	Aur 21226
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(VRA 15, 4)	Mo	Cuily Funera	Home Mt. & Ti	ckneck Rds. Alu	À 0 5 1007 /	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with pagarins after death. Page 4 may 600 retained by the housital or attending allystican.
TO FUNERAL DIRECTOR, where this certificate has been upped by the offending physician and commister. We are a feet to long the fund of rector, page 3 should be detached for use as the travial strains permit. The plages remove contacting pages 1 and 2 mould be feet as within 72 hours often death
with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remarkal. (MDORTANT: If here 31 is marked or here 18 shares one interest or other troumptic event, the medical parallel and all discounts.
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(VRA 15, 4)

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7	70. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE C	ITY OR COUN	TY OF DEATH		
		Maryland	United		WIDOWE	D DIVORCED	Anne A	rundel			MD.
١	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCC			D OF BUSINE	ESS OR
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		18 CAUSE OF DEATH IEnter on PART I. DEATH WAS CAUSE IMMEDIAT	ly ane cause per li D BY: E CAUSE (a)	ne far (a), (b), and	die	menter	Farly	V	BETWE	RÓXIMATE INTEL EN ONSET AND	DEATH
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3	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY YES □ NO	IN CER	YES, WERE FIN RTIFYING CAUS YES []		TH?
7		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M	MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATURE	OF INJURY IN ITEM	TB PART I OR PART	2)	
	MEDICAL	21d INJURY OCCURRED	21e. PLACE O			211 LOCATION	CIT	Y OR TOWN	COUNTY	- 11	STATE
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREE	EI, PACIONT, OFFICE, F	ARM, EIC)	10		19	(17)		
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BP		BURIAL, CREMATION, REMOVAL		,		CITY OR TOWN	ING ANNE	ARINDE C
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIE

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	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MEN
REGISTRAR	CERTIFICATE OF DEA

Hubbard Funeral Home, Inc., 4107 Wilkens AVe.

250 DATE REC'D. BY REGISTRAN 256 PEGISTRAN'S UG 3 1 1987 Auto-

084313 SEP	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL 1000 CERTIFICATE OF DEATH	GIENE 2 8	2 0
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
by be deoth	(TYPE OR PRINT) Mario	n Blanche	ÁNÁCKER	AUGUST	30,1987 7:00Am
5 Q L	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
ge 4 m	Female	White	AUG 7 1897	90 yrs	MONTHS DAYS HOURS MIN.
5 6 6 6 F	78 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
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ofter d	10. CITY OR TOWN OF DEATH Linthicum	11. NAME OF HOSPITAL, NURSII LIE NOT IN SUCH FACILITY, GIVE STREE 405 W. Cleve		(TYPE OF WORK FOR MOST OF WORKING LIF	12% KIND OF BUSINESS OR E) INDUSTRY
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RAY TO THE TOTAL OF THE TOTAL O	14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	1A51
WA BY ENDIN	Thomas	H. Lord	Martha	E.	1831
	160 WAS DECEASED EVER IN U.S.		URITY NO 17 INFORMANT	ADDRESS	
ALTIMORE te be execusicion ond coors. Poge of.	(YES, NO OR UNKNOWN) (IF YES, I	212-34-	6917 Ellen M. Kij	ng, 509 Poplarwoo	d Court
, 201 W. PRESTON ST., B res that the death certifica gned by the attending phy: n please remove carbonpal ourial, cremation, or remove y, or other traumatic event	PART 1. DEATH WAS CAU IMMEDI Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU (c)	SCLEROTIC AR	DISEASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EN IN PART 110
AL RECORDS the low requir on. has been sig t permit. Their ene prior to I ows any injui	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
A OF VITA SECIAN: T ng physicis certificate riol-transi item 18 sh	OR CONTRIBUTIONS CAUSE OF		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
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PITAL OR A by the host ERAL DIREC e detoched Store Dept.	22b. SIGNATURE	Eth_	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	aup 30, 1987
TO HOSPITAL reformed by 1 TO FUNERAL should be deter	C. MILTON	EORPRINT) LINTHICUM	1202 W. HAP	CE RD, LINTHIO	eur Hers M
5 5 5 2 3 5	238. BURIAL, CREMATION, REMOV.		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	Burial	9/1/87 I	oudon Park Cemeter		Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Antology Campanic Charge

- STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH 1. DECEASED NAME MIDDLE TTYPE OR PRINTS page 3 **GENEVA ANDERSON** AUGUST E 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 4 RACE 3 SFX MONTH Lucasian 1895 75 CITIZEN OF WHAT COUNTRY? BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Massachusetts DIVORCED [WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF CITY OR TOWN OF DEATH NORTH ARUNDEL HOSPITAL GLEN BURNIE JUSUAL RESIDENCE 134. INSIDE CITY LIMITS? 13a. STATE 136 COUNTY Anni Arunde Jasadenk YES 🗌 NO X maryland 15 MOTHER'S MAIDEN NAME 14-FATHER'S NAME MIDDLE Fuller Sarah George 16b. SOCIAL SECURITY NO. 17 INFORMANT 66 WAS DECEASED EVER IN U.S. ARMED FORCES? 218 18 7146 (YES NO OR UNKNOWN) Dorothy Wyniger No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY andrae arrest IMMEDIATE CAUSE (O Conditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 90 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED Hygiene a 216. TIME OF INJURY 218. ACCIDENT WAS UNDERLYING Bem 18 DAY YEAR HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH ond Mentol MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 0 AT HOME STREET FACTORY OFFICE, FARM, ETC) morked NOT WHILE

220.1 certify that (I) (this haspital) attended the deceased from

saw the deceased alive an abave, (I) (w) (did alid not) view the bady after death

KEVIN J. DOYLE.

Burial

SIGNATURE

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL LEGIENE

DEGREE

9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife Home Maker 13e. STREET ADDRESS Club Road 2/122 MIDDLE Riggs ADDRESS. Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20h IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OF TOWN STATE and that in (my) (aur) opinion death occurred an the date and hour and from the couses stated 22c DATE SIGNED MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAN **PHYSICIAN** 22e ADDRESS 615 HAMMONDS LANE MARYLAND 21225 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY Md Baltimore Balto Lorraine Park

REG. NO

MONTH

EDT

2b HOUR

0909

1987

IF UNDER 1 YEAR

DHMH - 16 50M 1/B1 (VRA 15, 4)

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should be detach

If he

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto Md

8/10/87

23b. DATE

	Page
	SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page . I by the haspital or attending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	hours
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	PITAL OR ATTENDING PHYSICIAN: The by the hospital or attending physician.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TY GIENE

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	m £			CEASED NAME FIRST								
y b	0 0			FLOYD	A		ARTRI		AUGUS		, 1987	0222 AM
ge 4 mg	ector, page 3	0	3. SEX	Male	White	5	S. DATE C		44	YRS.	MONTHS DATS	HOURS MIN.
death. Page	n 72 hour	3		RTHPLACE (STATE OR FOREIGN)	USA	AT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED	9. BALTIMORE CI	ARUNDE		Y MD.
	led with	4	10 CI	GLEN BURNIE	NAME OF HOSE NORTH A	HITY GIVE STREET	ADDRESS)	TAL	12a USUAL OCCU (TYPE OF WORK FOR A Mechanic	NOST OF WORKING L	INDUSTRY	
within 24 hours offer	pletely filled in the nd 2 should be fill on the new order or the new order or the new order or the new order or the new order	5	13a. S	THER'S NAME	THER INSTITUTION, GIVE TY 13c.		ADMISSION)	13d. INSIDE CITY LIMITS? YES NO.	13e. STREET ADDR	ess ollynec	k Road	22/
ted	E O	1	1	Simeul F		rtrip		Madge		DDRESS	Olie	
pe exec	Poges medica	2		VAS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN] I IF YES, GIVE	WAR OR DATEST	24-60-2		Beverly Art			rn Road	21220
that the death certificate	d by the attending physic ease remare carbon pape al, cremation, or remaval. or ather traumatic event, the			18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.		A CONSEQUE	NCE OF	Cell Lui	ny Ca	hcev	SETWEEN /	XIMATE INTERVALIONSEI AND DEATH
he law requires	has been signer permit. Then pl ene prior to buri aws any injury, a	9	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	19b. CONDITIO	N FOR WHICH		n was performed	200 AUTOPSY2	20b. IF YE	ES, WERE FIND IFYING CAUSE (ES	INGS USED
JAN: The	COIO	6		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	HOUR A.M.	MONTH DA	YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE O	F INJURY IN ITEM 18	PART I OR PART 2)	
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PITAL OR by the ha	TO FUNERAL DIRECT Should be detached with the State Dept.			226 SIGNATURE 200 PHYSICIAN'S NAME ITYPE OR	Dor	Buty	4	144 4000000	MEDICAL PI	-	8/	SIGNED 1/87
	PORT			MAYER GORBAT	Y. M.D.			9	NIE. MARY		2100	1
of of of	shoul with 1	7		URIAL, CREMATION, REMOVAL		23c N	NAME OF C	EMETERY OR CREMATORY	234 LOCATION	1	2106	
BP_			. (Burial	8/4/87	Ho	olly F	Hill Cemetery	Middle		salto. M	iarvland
	6 50M 1/81		24. FL	INERAL DIRECTOR	1 / /			25a. DA	TE REC'D. BY REGIS	TRAR 256. REGIS	STRAR'S SIGNA	TURE
	A 15, 4)			ConnellyFunera	1 Home 30	0MaceAt	re. 2	1221 Al	JG 5 198	31 12	- Durden	n. Kandalla

ANTINO DE SALVETANO.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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-							KEG.	NO.			
	CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH		DAY YEAR	20 11.	
	CATRITI	Edit	h	L. Ba	artle	tt	8	-11-1	1987	7	P
3. SE	Х		1 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 Y	EAR IF UN	DER 24 HRS
	Female		Cauc	asion	May	10, 1893	94		MONTHS DA	TS HOUR	MIN.
a B	RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY	OR COUNT	TY OF DEATH	1	-
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	ITY OR TOWN OF D				WIDOWE	DROTHER INSTITUTION	120 USUAL OCCUPA			D OF BUSI	MIESSOF
)	rnold		808 1	Mago Vis	adpress) R	load	Teache	OF WORKING		RY	choc
tisu illa	AL RESIDENCE (IF NU	RSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	71B CO	DE		
N	Maryland	A.A		Arnold		YES NO	808 Mag			d.	2101
4 FA	ATHER'S NAME		MIDDLE			15. MOTHER'S MAIDEN N.	AME				
/	John		K. Le	hman 's'		FIRST Reb	ecca MIDDLE	I	Fisher	L'AST	
	WAS DECEASED EVE		MED FORCES?	166. SOCIAL SECU		17 INFORMANT		RESS		7 10 0	
	140			217-22-	-3053	Barbara	Bartlett	(Sai	me as	OdA	ve .
	18 CAUSE OF DEA	TH (Enter or	ly one couse per	line for (a), (b), one	d yes	1 1/) '0		BETWE	POXIMATE IN	TERVAL ND DE ATH
-	PART I. DEATH	WAS CAUSE	D BY:	POMOPS	tive	heart to	uling				14
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	Conditions, if ony, which (b) 19CHEMIC 1600 CONDITION OF THE CONDITION OF										
	gove rise to immediate cause (a), stating the DUETO OR AS A CONSEQUENCE OF										
	underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF										
			(Ic)								
7	PART 2 OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION	aen	renti	9.								
A	19a DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FIN	DINGS US	SED
F	-	-		-			YES TO NOT		IFYING CAUS	SES OF DE	
ERT	21g. ACCIDENT WAS U	NDERLYING [7. 216. TIME O	F IN HIRY	-	21c HOW INJURY OCCU					Ber
	OR CONTRIBUTING	L-q			Y YEAR	NA	TENIER NATURE OF IN	JOKY IN ILEW 19	PARTIORPART	2)	
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	22a.1 certify that	(this hospi	tal) attended th		10-		2, to	11	19 8 1	_ tho	Twe) lo
	sow the deced	sed alive on	8-5	19_5	37_, on	d that in (my) (our) opinion	death occurred on the	date and ha	our and from	the couses	stoted
	226. SIGNATURE	(did) did no	wiew the body	ofter death.		DEGREE					
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	1100	"VVVI	vaus	the n	10	PHYSICIAN ,	MEDICAL ST		181	121	8/
	22d. PHYSICIAN'S N	AME (TYPE C	R PRINT)			22e ADDRESS 780	0:1-1:0	1-1-1	ou	-	1
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23a F	BURIAL, CREMATION	I PEMOVAL	123b. DATE	122 N	IAME OF C	EMETERY OR CREMATORY	123d LOCATION	ink	, , , , ,) (1141
	SPE remati		8-						COUNTY		STATE
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The State of the S ROBERT S BARRANCO SPERM PARK MO 21116

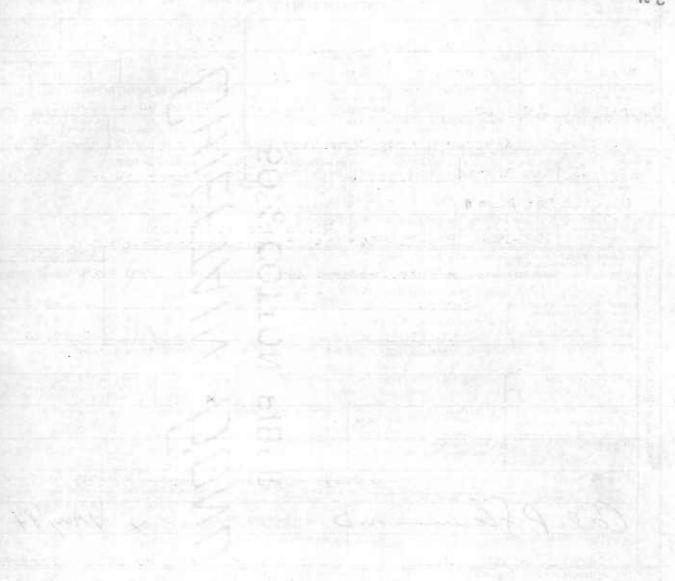
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE /

						REG.	140.		4
	CEASED NAME FIRST	WIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1.116	Carrol1	_R	Beahm,	Tr		[^] Aug	1	87	8:30F
3. SEX		4 RACE		OF BIRTH		AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	
	Male	Caucas	ian 6	1 29	24	63	WDC.	MONTHS DAYS	HOURS MIN
7a. 81	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.			BALTIMORE CITY	OR COUN		
C	COUNTRY)	The Citizent of William	MARR	ED X NEVER	MARRIED '			el Cour	t v
	shington D.C	I 1. NAME OF HOSPIT	WIDOW		NORCED [2 ///
10 CT	ITY OR TOWN OF DEATH		Y, GIVE STREET ADDRESS)	OR OTHER INS	SITUTION	128 USUAL OCCUPA ITYPE OF WORK FOR MOS		LIFE) INDUSTRY	OF BUSINESS OF
	Odenton /	Kimbroug	h Army C	ommuni	ty Hos	nital Re	+ LA.TI	my Armed	Forces
	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RES	IDENCE BEFORE ADMISSION	1)		13e.STREET ADDRESS	7 7 IP CO	DE	
		Arunde Mi				755 Coug		ourt /	21108.
	ATHER'S NAME	1114			'S MAIDEN NAM	E	ar	ourt /	21108
	Carroll Rex	Beahm	LAST	W.	FIRST	WIDDLE		LAS	51
160 10	WAS DECEASED EVER IN U.S. AF		OCIAL SECURITY NO.	17 INFORM	rna Der	INISON_ADD	RESS		
	YES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES)		Wil	ma Chr	istine B			
	Yes 1942	2-1962 57	9-20-584	9 755	Cougar	Court /	2110		
1	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	IMMEDIA	30 N	lin						
	BEEFE TO STORE !								
	Conditions, if any, which	((b) CO	CONSEQUENCE OF					15 Y	Zears
	gave rise to immediate cause (a), stating the		CONSEQUENCE OF						
	underlying cause last.			- 7 -				15 9	7
1		(-)						11.7	ears
	PART 2 OTHER SIGNIFICANT		r Pulmon		D TO THE TERMI	NAI DISEASE OR CO	NDITION G		ears
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ATION		conditions <u>contrib</u>		IT NOT RELATE					٥
FICATION	C.	conditions <u>contrib</u>	UTING TO DEATH BU	IT NOT RELATE		20e AUTOPSY?	20b. IF Y	ES, WERE FINDING CAUSES	NGS USED
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	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE IN WORK 272.1 certify that (1) (this hasp saw the deceased olive ar	AD 19b. CONDITION F 19b. CONDITION F 21b. TIME OF INJU HOUR A.M. M P.M. 21c. PLACE OF INJU (AT HOME, STREET, FAC	OR WHICH OPERATION RY ONTH DAY YEAR 19 JRY ORY, OFFICE, FARM, ETC.) assed from 8	ON WAS PERFO	ORMED NJURY OCCURRE ON	200 AUTOPSY? YES NO CENTER NATURE OF IN	20b. IF Y IN CER	(ES, WERE FINDING THE FINDING CAUSES YES (COUNTY)	ONGS USED OF DEATH? NO STATE
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER. NOTIFY MEDICAL EXAMINE AT WORK NOTIFY THE AT WORK NOTIFY THE AT WORK 220.1 certify that (1) (this hasp	AD 19b. CONDITION F 19b. TIME OF INJU- HOUR A.M. M P.M. 21e PLACE OF INJU- (AT HOME, STREET, FAC- ital) attended the decea	OR WHICH OPERATION RY ONTH DAY YEAR 19 JRY ORY, OFFICE, FARM, ETC.) assed from 8	ON WAS PERFO	ORMED NJURY OCCURRE ON	200 AUTOPSY? YES NO CITY OR CITY OR	20b. IF Y IN CER	(ES, WERE FINDING THE FINDING CAUSES YES (COUNTY)	NGS USED S OF DEATH? NO STATE that (I) (we) lase couses stated
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER. NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hasp saw the deceased alive ar allowing 11 (west inside) falled	AD 19b. CONDITION F 19b. CONDITION F 21b. TIME OF INJU HOUR A.M. M P.M. 21c. PLACE OF INJU (AT HOME, STREET, FAC	OR WHICH OPERATION RY ONTH DAY YEAR 19 JRY ORY, OFFICE, FARM, ETC.) assed from 8	ON WAS PERFO 210 HOW II 211 LOCAT STREE July and that in (my	ORMED NJURY OCCURRE ON 19 19 37 (our) apinion de	200 AUTOPSY? YES NO CITY OR CITY OR A 1 Au eath occurred on the	206. IF Y IN CER.	(ES, WERE FINDING THEYING CAUSES YES (COUNTY) 19 87 our ond from the	NGS USED S OF DEATH? NO STATE that (I) (we) lase couses stated
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death centrade be executed writting 24 per an organization.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely that it may be meral director, pag should be detached for use as the buriol-transit permit. Then please remove corbon mentals, frages is and considered that we have a strength on the state Dept of Health and Mental Hygiene prior to buriol, cremation, or remaind.
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001	T	nou	4	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
				EASED NAME FIRST	MIDDLE LAST 20 DATE OF D	
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d you	0		3. SE)		14 RACE S. DATE OF BIRTH 6. AGE (INYEAR	MUQ. QUITO M
8 7.3	<u> </u>		3. SE)		MONTH DAY YEAR	MONTHS DAYS HOURS MIN.
ge ge	2			nale	White May 13, 1901 86	YRS
6 6	1	1		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED . P. BALTIMORE	CITY OR COUNTY OF DEATH
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-	-	-4	10 CI	Y OR TOWN DE DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OC	CUPATION 126 KIND OF BUSINESS OR
E 4	14	2	0	0 1		DR MOST OF WORKING LIFE) INDUSTRYSTATE
E	N	-	1-1	nnapolis	Hinne Hrundel General Hospital Ketir	
1 2	13	1	13a. S	TATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UNITY 136. CITY OR TOWN 136 INSIDE CITY LIMITS? 13e.STREET AD	DRESS / ZIP CODE , 21034
2	C.)	1	A CIN	A Edgewater YES NO X 3/39 (Judesdale Road
1 1	N 3	ON	14. FA	THER'S NAME	15. MOTHER'S MAIDEN NAME	1
1 1/	1/3	17)	(har lac		Bra 1
1 0		~	14- 14	AS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	
9	9	1			GIVE WAR OR DATES)	sume as
4 5				IVO	- 214-18-77991 Hazel M. Dea	rd- #13
9 9	5 €			18 CAUSE OF DEATH (Enter	anly ane cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the phy	199			PART I. DEATH WAS CAU	SED BY:	
9 2	9 9			IMMEDI	ATE CAUSE (d)	
oth end	no o				DUE TO, OR AS A CONSEQUENCE OF	
off o	o tio			Conditions, if ony, which gave rise to immediate	(b) /4//3 C L/)	
the the	eme			cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
thot	ol, cr			underlying cause last.	(c)	
ned les	burio ry, or			PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE C	OR CONDITION GIVEN IN PART 110
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3 00	prior ony	6	CERTIFICATION	190 DATE OF OPERATION	U96 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS	SY? 206. IF YES, WERE FINDINGS USED
os to	Me p	1	FIC			IN CERTIFYING CAUSES OF DEATH?
The The	62 6	2	R	21a. ACCIDENT WAS UNDERLYING		YES NO
hys	Hygie 18 she	-		OR CONTRIBUTING CAUSE OF I	The state of the s	E OF INJURY IN ITEM 18 PART I OR PART 2}
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or te	ond		×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	Nicon State (s. N. 4 S. A. State)
Aft	alth nor				spital) attended the/deceased from	10 should be a local
OR.	E E			sow the deceased alive	3/10	on the date and have and from the causes stated
ATT	a of			abave, (1) (we) (did) (did	nat) view the body after death.	
ok e h	Dept f Item			22b. SIGNATURE	DEGREE	STAFF 22c. DATE SIGNED
7 = 7	e -				ATTENDING MEDICAL PHYSICIAN DIRECTOR	
HOSPITA ned by FUNERA	0.10	1		226 PHYSICIAN'S NAME (TYP	E ORPRINT) 220 ADDRESS	
HOSP FUNE	OR J			Rahout	Bipin Mil 61 Encololin S	it Anna - la mil
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BP			6	urial	Hug 27 1987 Davidsonville Meth. David	Supville HH mil
DHMH - 16	60M 7/	B4	24 FL	NERAL DIRECTOR		GISTRAR 25b. REGISTRAR'S SIGNATURE
(VRA			10	ylor Funer	al Chapel-Annapolis, mi) AUG 261	987 1 Lea Dender Pendess
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after affects. Page 4 may be retained by the haspital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the initial director page 3 should be detached for use as the buriol-transit permit. Then please remove carbonapopers, Pages 1 and 2 shouldness that the state of Health and Mental Hygiene prior to buriol, cremation, or removal.
IMPORTANT: If Item 21 is marked or Item, 8 share, on jointy, or other troumotic event, the medical economic must be not marked or Item.

DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA	ITAL HYDIENE/

063913 AUG	FOR 27-87 ATE EGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYDIENE 2 3 2 0 CERTIFICATE OF DEATH REG. NO.
VD 21201 24 hours after direth Palis 4 may be like a like be	1. DECEASED NAME FIRST (117FE OR PRINT) 3. SEX 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10 CITY OR TOWNOF DEATH DSUAL RESIDENCE (IF NURSING HOW 130, STATE 130 C	PROPERTY OF TOWN 1 RACE S. DATE OF BIRTH DAY YEAR S
IMORE, MARYLA re executed within n and completely Pages 1 and 2 sh medical gramme	14 FATHER'S NAME FIRST 160 WAS DECEASED EVER IN U.S. (165, 1000 UNKNOWN) (16 YES)	R. Bellist Edith Stevens
rECORDS, 201 W. PRESTON ST., BAL low requires that the death certificate is been signed by the attending physici from. Then please remove carbon poper is prior to burial, cremotion, or removal. s ony injury, or other traumatic event, the	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost	DIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
DIVISION OF VITAL R 1. OR ATTENDING PHYSICIAN: The Is the hospirol or offending physicion. 1. DIRECTOR: After this certificate hos etoched for use as the buriol-transit pe te Dept. of Health and Mental Hygene te Dept. of Health and Mental Hygene : If Item 21 is marked or Item'8 shares	OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) Chis. b sow the deceased alive	YES NOW YES NO STEET NO STREET NO ST
TO HOSPITAL TO HOSPITAL TO HOSPITAL AMPORTANT: (NAN 12, 4)	230 BURIAL, CREMATION, REMO 230 BURIAL, CREMATION, REMO 24 EUNERAL DIRECTOR 104 Or Tunero	Lunan, Tuis 16 Muerray Ave, Annaples Wedzig

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And a company of the company of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO EASED NAME MIDDLE 2g DATE OF DEATH MONTH CHARLES Elmer 1987 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS MONTH White 36 76 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) ANNE ARUNDEL COUNTY Maryland U.S.A. DIVORCED | WIDOWED II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY Dept of 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) NORTH ARUNDEL HOSPITAL Transportation GLEN BURNIE Supervisor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS A.A. Co Leaflucer YES 🗍 NO X 601 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Elmer Η. Borcherding Margaret DeLawter ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! 34 8640 Cathy M. Borcherding same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line forgo), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER GIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION enos (1 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO YES | 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady ofter death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF PHYSICIAN PIRECTOR PHYSICIAN 22e ADDRESS

DHMH - 16 50M 1/81 (VRA 15, 4)

shauld be detach

MPORTANT.

Pages

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or Henry 18

Burial

FOR - STATE

23e BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY Meadowridge Mem Fark

23d LOCATION CITY OR TOWN

Baltimore, Maryland

24 FUNERAL DIRECTOR

George J. Gonce 4001 Ritchie Hgwy Balto. Md.

25a. DATE REC'D. BY REGISTRAR

615 HAMMONDS LANE

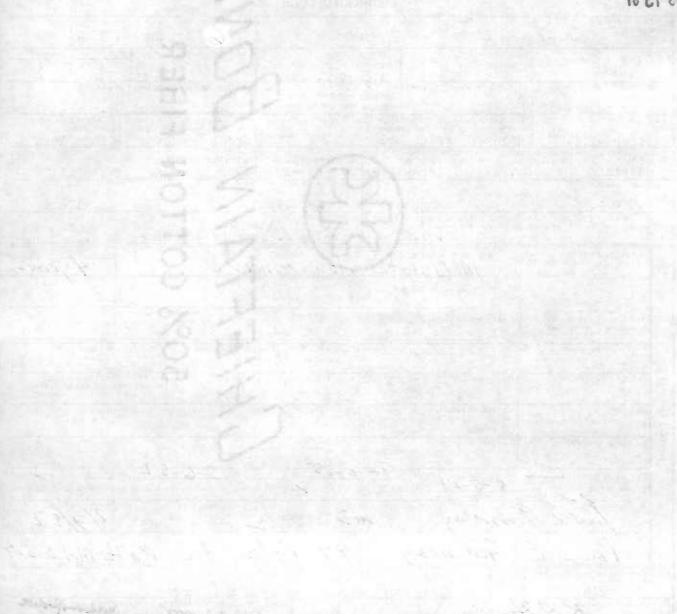
STATE OF MARYLAND CERTIFICATE OF DEATH

	NEO OTKAK							REG. 1	10.	1 11		
1. DE	CEASED NAME	FIRST		WIDDLE		LASI		20. DATE OF DEATH	MONTH	DAY YEAR	2b H	IOUR
	CON - KINATY	James	Edv	vard	Во	ıghan		Au	gust	6, 198	7	M
3. SE	Х		4 RACE		5. DATE (AGE (IN YEARS LAST B	RTHDAY	IF UNDER 1 YE		IDER 24 HRS
	Male		W	hite	MONT	ber 2, 19	YEAR		76 YRS	MONTHS DAT	5 HOU	RS MIN.
7a B	IRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	2 1			BALTIMORE CITY				
	COUNTRY)					D NEVER MARR	SIED -		Lise			
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100	III OK IOWIN OF I	DEATH		H FACILITY, GIVE STREET		Y OTHER INSTITUT		(TYPE OF WORK FOR MOST		LIFE) INDUSTR		INESS OR
	illersvil			Eastside				Crane Ope:	rator	Shi	p Ya	ird
13a	AL RESIDENCE LIFE	1136 COU		13c CITY OR TO		1134 INSIDE CITY LI	MITS?	3e STREET ADDRESS	/ ZIP CO	DF		
	Maryland	A A	Co.	Millers	ville	YES NO		8263 East:			211	.08
14-E	ATHER'S NAME		WIDDLE	LAST	7 10	15. MOTHER'S MA		E				
	Garland		WIDDLE	Bough	an	Este	11e	MIDDLE			liot	+
	WAS DECEASED EV	ER IN U.S. AF	MED FORCES?	166 SOCIAL SEC		17 INFORMANT	(Wi	fo) ADDI	RESS	1.1	1100	
	YES NO OR UNKNOWN)	IF YES GI	VE WAR OR DATES)	217.01.	0030	Evelyn			Same	as #1	2	
_						Livelyn	J. DO	ugnan	Same			NTEDVAI
	18 CAUSE OF DE PART I. DE ATH	ATH (Enter of	nly one couse per DBY	line for (a), (b), q	nd ich	. 1-		21/		BETWEE	OXIMATE IN	AND DEATH
			TE CAUSE (a)	Hetast	ayic	COWN C	onc	er			+ ye	ars
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	Conditions, if o		(ib)_									
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	underlying co	use last.	(6)	NAS A CONSCO	DEFICE OF							
	PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO 1	HE TERMIN	NAL DISEASE OR CO	ADITION C	SIVEN IN PART	lia	
O			AUCE									
CERTIFICATION	190 DATE OF OPE	RATION	196 COND	TION FOR WHIC	H OPERATIO	N WAS PERFORME	D	20a AUTOPSY?		ES, WERE FINE		
FF								YES T NOT		TIFYING CAUS		EATH?
ERT	71a ACCIDENT WAS	UNDERLYING F	7 216. TIME O	F INJURY		121r HOW INJURY	OCCURRE	D (ENTER NATURE OF IN)				' 🗀
	OR CONTRIBUTING	_	110110 1	M. MONTH	DAY YEAR		OCCORNE	C (ENTER ANTONE OF 114)	Dat hall but	a ranii Oaranii s		
CA	(IF EITHER, NOTIFY A				19	100 100 1700					-	
MEDICAL	214 INJURY OCC		21e PLACE	OF INJURY EET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION		CITY OR T	OWN	COUNTY		STATE
	MHILE NOT	WHILE WORK			0	La ce-	6.30		67			
	22a.l certify that	(I) (t his-hosp				10-83		_, to	- × F	. 19		li (we) lost
	saw the dece	eased alive on	of) view the body	ofter death	, 0	nd that in (my) (901)	opinion de	oth occurred on the	date and h	out and from the	ne causes	stated
	226 SIGNATUR	18	9	1		DEGREE			(Legista)	17, 04	E SIGN	ED.
	fee	VL.	tonn	lus	1	4 D ATTEN	DING &	MEDICAL STA	AFF	8/	7/8	2
	22d PHYSICIAN'S	NAME (TOPE C	OR PRINT)	-		122e ADDRESS	ICIAN	PIRECTOR PHTS	CIAN		7.	7
	1/2	11 1	- lan	RMLE	4	1 cus 6	1.15	40	1	-16 1	11	202
	1/40					100	aro	1 live	- X	erp 11	11 0	1100
	BURIAL, CREMATIO (SPECIFY)	N, REMOVAL				EMETERY OR CREM		23d. LOCATION CITY OF TOWN		COUNTY	1	STATE
	Buria	1	Aug 10.	1987 L	oudon	Park Ceme	tery	Baltimon	re		Ma	rylan
24 F	UNERAL DIRECTOR	2 4	2/ 6	ADDRESS			25a. DATE	REC'D. BY REGISTRA	R 256 REGI	STRAR'S SIGN	ATURA	mpall
Si	ngleton	Funera		Glen Bur	nie. N	Maryland	A	UG 11 198	1.0	· contain		
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. Aftishould be detached for use as with the State Dept. of Health IMPORTANT: If hem 21 is mort



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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE /

- 7	-5	FISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0		9
-		CEASED NAME FIRST	MIDDLE	· ·	AST		MONTH DAY	YEAR	2b HOUR
	(ITPE	Evelyn	Α.	Bowe	en	August 27	7. 1987		8:36 pm
	3. SEX	(4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		JNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
	-	Female	Caucasian	May	7, 1907	80	YRS	5415	- Min
1	7a B1F	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIE	DXX NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	FDEATH	
2		Maryland	USA	WIDOWE		Anne Arur	idel		MD.
1	10. CI	ty or town of death Crownsville	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI Fairfield Nu	EET ADDRESS)	DR OTHER INSTITUTION HOME	120 USUAL OCCUPATION OF WORK FOR MOST OF HOME Make	F WORKING LIFE!	126 KIND O INDUSTRY Own 1	f BUSINESS OR
3	13a S	Md.			134 INSIDE CITY LIMITS? YES [X] NO [ZIP CODE Reeve Ro	d. Apt	21401 . 119
9	14 FA	THER'S NAME	MIDDLELAST		15 MOTHER'S MAIDEN NA	ME		LAS	1
6	4	Huncey	Robins		Anna	1000		Land	
1		VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SE 217-32-		Richard H.	Bowen, Same			
		PART I. DEATH WAS CAUSE	ly one cause per line for 10 /b', D BY: E CAUSE (0)	and ici.1	ocular Accia	lent		BETWEEN O	MATE INTERVAL ONSET AND DEATH
	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEC		NOT RELATED TO THE TERM	MIN AL DISEASE OR CON	DITION GIVEN	IN PART 11	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	G CAUSES	
//		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21¢ HOW INJURY OCCUR				
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	E. FARM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		sow the deceased alive on	tall attended the deceased from		nd that in (my) (aux) apinian	death occurred on the de	te and hour ar	nd from the	that (II (we) last causes stated
1		226. SIGNATURE	M Mullis	7	DEGREE ATTENDING PHYSICIAN 228 ADDRESS	MEDICAL STAI		22c. DATE	38/87
		M. M. Mull			Cape St. (Claire, MD			
		BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF	EMETERY OR CREMATORY	234 LOCATION	,,	Ounty	STATE
		Burial UNERAL DIRECTOR	Aug.31,1987	Lakemor	nt Mem. Garder	ns Davidsony	ille	AA	MD

DHMH - 16 60M 7/84 (VRA 15. 4)

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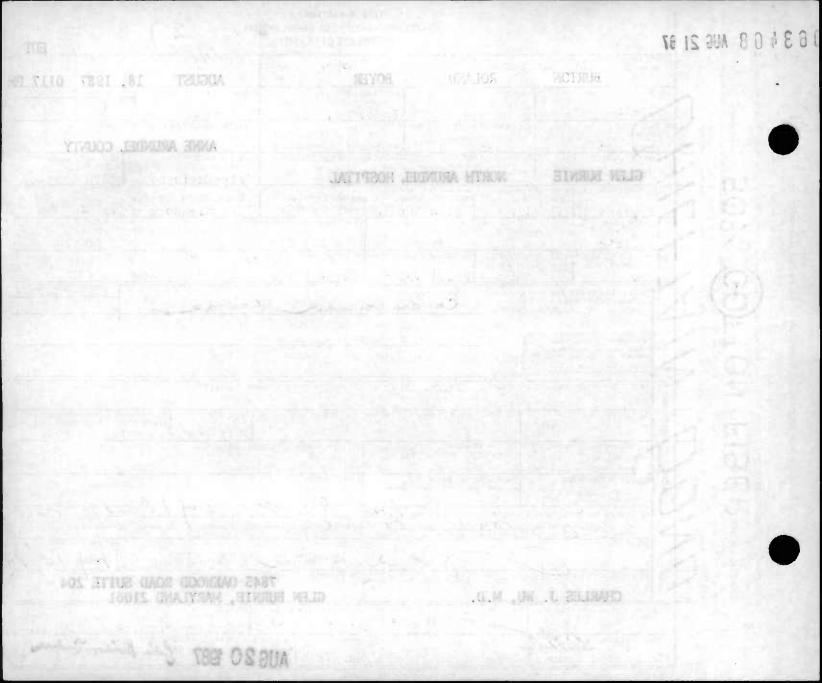
James S. Kirkley, Glen Burnie, MD

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

SEP 1 1987 Julia Deriden Rudes

0 8 AUG 21	11/	STATE REGISTRAR		DEPARI	CERTI	ICATE OF DEATH	REG. N		8 3	EDT
	1. DE	CEASED NAMEAKA FIRST BU	irton	MIDDLE		Boyer	20. DATE OF DEATH		OAY YEAR	2b HOUR
be sept	(146	Rola		Burton	BOY	FR	AUGUST	18	1987	0117 PA
page page er deat	3. SE		4. RACE	Barton	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
ctor.	18	Male		White	Sept		84	VDE A	AUNTHS DATS	HOURS MIN.
Pag dire		IRTHPLACE (STATE OR FOREIGN		EN OF WHAT COUNTRY?	0		9 BALTIMORE CITY O	YRS OR COUNTY	OF DEATH	
orth.	40	COUNTRY)		IIO A		D NEVER MARRIED	ANINTE	ADIDE	COURT	170
de de	10 C	aryland ITY OR TOWN OF DEATH		<u>USA</u> ME OF HOSPITAL NURSII	WIDOW NG HOME		12a. USUAL OCCUPAT		L COUN	F BUSINESS OR
H AL		GLEN BURNIE	(IF NO	TIN SUCH FACILITY, GIVE STREET	ADDRESS)	DITAL	(TYPE OF WORK FOR MOST		INDUSTRY	
	USU	AL RESIDENCE (IF NURSING HOME O		NORTH ARUNDE		PITAL	Self-Emplo	yed	Gas	Station
22 3	13a.	STATE 136 COU		13c CITY OR TOV	IN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			061
11 5	M	aryland A A	Co.	Glen Bu	rnie	YES NO K	7811 Elean	ore D	rive /	
1971/	III.E.	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS	л
	4	Elzie	166-01	Boyer		Estelle	Section 1		Low	man
d o d		WAS DECEASED EVER IN U.S. A	RMED FOR		IRITY NO.	17 INFORMANT (Wif	e) ADDR	ESS		
11/		No	NA	212.18.3	3546	Leona Boyer		Same	e as #1	.3
E 1) =		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly ane ca	use per line far (a), (b), ar	d (c).)				BETWEEN	MATE INTERVAL
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hos the per	TIFIC						YES NO		YING CAUSES	OF DEATH?
rial-transi ental Hygi Hem 18 sh		218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ATH HO	TIME OF INJURY DUR A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PA	ART 1 OR PART 2}	
this he by and M	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE	21e	PLACE OF INJURY HOME STREET, FACTORY OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
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OR. USE Hea		220 I certify that in this has			07	19	, to	1	19	that (I (we) last
d for	Ð	saw the deceased alive a abave, (1) (we) (did (did n	at) view th	e bady after death.	1,0	nd that in (my) (aur) apinian	death accurred an time of	ate and havi		
Depi Depi	1	22b. SIGNATURE	1	-		DEGREE ATTENDING	MEDICAL STA	cc	22c DATE	SIGNED
Adeta deta			/	NV	V	PHYSICIAN	DIRECTOR PHYSI	CIAN	bont	10,8
Should be downth the Stol	3	226 PHYSICIAN'S NAME	De teliviti	U	-	22e ADDRESS 78	345 OAKWOOD	ROAD	SHITE 2	04
should b	19	CHARLES J.	WII.	M.D.	-		NIE MARYL			,04
5 5 4 3 X		BURIAL, CREMATION, REMOVA	L 23b. D.	ATE 23c		EMETERY OR CREMATORY	234 LOCATION	WW 4.1	001	T-1-1-1
3P		(SPECIFY) Burial	Aug	22, 1987 C	edar l	Hill Cemetery	Brooklyn	Park	A A CC	STATE
		UNERAL DIRECTOR	1			25a DA1	E REC'D. BY REGISTRAN	25) REGIST	BAR'S SIGNAT	WRE P
HMH - 16 60M 7/84	10	ingleton Funer	al Ho	me Glen Bu	rnie.	Maryland All	2.0 1987	Julia d	Janden K	andersol
(VRA 15, 4)	1 0									

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the definition of executed within 24 haurs after death. Page 4 may be etained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attended an incompletely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Land 2 should be filed within 72 hours after death	with the State Dept of Regitn and Memor Pygiene prior to outlots, cremation, or removal. MADDIANT: If ham 21 is marked or flem 18 shows any injury or other troumatic event the medical stammer marked or flem 18 shows any injury or other troumatic event the medical stammer marked or flem.
DIVISION OF VITAL RECORDS, 20	TO HOSPITAL OR ATTENDING PHYSICIAN, The law requires the erouned by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed should be detached for use as the burial-transit permit. Then ple	with the State Dept. of Decimonal Memor Inglene prior to build, cremonally or removal MADORTANT. If them 21 is marked or frem 18 shows ony injury, or other troumotic event, the

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064295 AUG	31	CREGISTRAR				LAST	REG. NO.	DAY YEAR 2N HOUR
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may be page 3			ene	ω,		nnan	8 6	25 81 11:35 M
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thur thur sh	1 14	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WEDDIE	LAST
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d controls	160	WAS DECEASED EVER IN			ECURITY NO.	17 INFORMANT	992 Seville	Court
BALTIMORE diffee exect pers. Pages, val		NO NO OR UNKNOWN)	(IF YES GIVE WAR OR DA	091-20	0-4139	Joseph Bren		21012
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Deen mit. T	¥ ¥	19g DATE OF OPERATI	ON 196.C	ONDITION FOR WH	ICH OPERATIO	ON WAS PERFORMED		YES, WERE FINDINGS MED
ox o o o	CENTIFICATION							TIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
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DIVISION OF VIT NG PHYSICIAN: ottending physic fifer this certifical as the buriol-from th and Mental Hyg arked ar item 18 s		OR CONTRIBUTING CA	OSE OF DEATH	JR A.M. MONTH		This has		
ON OF HYSICIA Ins certif burial-in Mental	MEDICAL	(IF EITHER NOTIFY MEDICA		P.M. LACE OF INJURY	19	211 LOCATION		
/ISIC	N.	WHILE NOT WHILE	OHTAL	OME STREET FACTORY, OFFE	ICE, FARM ETC 1	STREET	CITY OR TOWN	COUNTY STATE
DINO or or or or of the		AT WORK AT WORK	× -	Indian description	87	22 10 8	7 8/25	10 X7 sheet the found heat
OR TOP		220.1 certify that (1) of	otive on	led the deceased fro	V 7 1	ind that in (my (our) opinion	death occurred on the date and h	, 19
A ATTENIA Pospital Hospital RECTOR: ned for us pt of He em 21 is		27h SIGNATUR	d) flid not view the	body after death		DEGREE DAILYELD	0	220 DATE SIGNED
the hind per		EL	b. A (1	18 11/	Na 1	ATTENDING	MEDICAL STAFF	12/2-100
	-	E V	acca a	- CVO	ra V	PHYSICIAN 1	DIRECTOR PHYSICIAN	8 25 84
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TO HOSPITA etoined by TO FUNERA sishould be de with the Stotl		rance	a M.U	HOR		1780 Kila	al Highwa	4, 21, rua
F 5 F 2 2 2	230	BURIAL, BEMATION, R	EMOVAL 236 PA	28-87	St. Pat	CEMETERY OR CREMATORY	ry Geneva Onta	riowiy NY STATE
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DHMH - 16 60M 7/84	24	FUNERAL DELLOR	DADK NAD	21146	SS	250 DA	TE REC'D. BY REGISTRAR 256 REG	ISTRAP'S SIGNATURE
(VRA 15, 4)		SÉVERNA	PAKK, MU	. 21140		I A	UG 2 8 1987 8 m	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending payabland and amplicate in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove corbinations open and 2 than the filter within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 21 is marked or Nem 18 shows ony injury, or other froumatic event, the medical examiner must be no lifed of once.
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62785	US.	FOR 17 HA 17 REGISTRAR		DEPARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIÈNE / 2	1 8 3 2	
moy be poge 3 ter death		CEASED NAME OR PRINT)	enrietta	a Bi	-imberg	20. DATE OF DEATH MON		UR A
ige 4 mo	3 SE	Femal.	e A RACE	S DATE		6 AGE (IN YEARS LAST BIRTHDA	YRS IF UNDER LYEAR IF UNDER	R 24 HRS
deoth. Po	7a. BI	RTHPLACE (STATE OR FOR COUNTRY) WYORK	76. CITIZEN OF V	WHAT COUNTRY? 8 MARRIE WIDOW	DEVER MARRIED DIVORCED	Anne Arunde		MD
by the for		napolis		HOSPITAL, NURSING HOME H FACILITY, GIVE STREET ADDRESS! LE Arunde T Gen	or other institution . Hosp.	120 USUAL OCCUPATION TYPE OF WARK FOR MOST PEWO	PRKING LIFE) INDUSTRIOME	ESS OR
34	13a. S	eryland	36 COUNTY	GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 1 Severna Pk.	134 INSIDE CITY LIMITS? YES NO 🖺	13e STREET ADDRESS / ZI 275 Arunde 1		146
SCOOL COLOR	Ι	THER'S NAME FRST David		edman	15 MOTHER'S MAIDEN NA FIRST Fannie	5 WIDDLE	Nerod	4
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ng afraid bampape remend		PART L DEATH WA	IEnter only one couse per S CAUSED BY: AMEDIATE CAUSE 10)	Tuluu	, Edem 8		APPROXIMATE INTE	D DEATH
equires that the death of signed by the attending the please remove cark to buriol, cremation, or nijury, or other troumatic	NO	Conditions, if ony, gove rise to imme couse tol, storing underlying couse	which (b) (b) DUE TO, OF	R AS ACONSEQUENCE OF R AS ACONSEQUENCE OF CHAPTER TO DEATH BUT	portly.	MINAL DISÉASE OR CONDITI	ON GIVEN IN PART 110	
n. nos been permit. ne prior	CERTIFICATION	19a DATE OF OPERATION	ON 196 CONDI	TION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 20 IN	IL IF YES, WERE FINDINGS USE I CERTIFYING CAUSES OF DEA YES \(\bigcap \) NO [ATH?
ICIA nol-in		21a ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH HOUR A.I	m. month day year m. 19		RRED (ENTER NATURE OF INJURY IN	ITEM 16 PART 1 OR PART 2)	
S Proster the the ond	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	(AT HOME STR	OF INJURY GET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITYORTOWN	COUNTY	STATE
TTENDI priol or TTOR. A for use of Heal		sow the diceased above, (1) we) (dic	his hospital) attended the alve on I did not liew the body	1 1951 0		to death occurred on the date	and hour and from the couses st	
SPITAL OR ATT d by the hospi NERAL DIRECT be deteched to e Stote Dept. o		22b. SIGNATURE	Sen	Lunar	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED	2
TO HOSPITAL etoined by the TO FUNERAL should be det with the Store		ECOCOL		DW ZASIA	1000 10.00	gely Ave	Anny alis, 7	M
BP	B	SURIAL, CREMATION, RESPECIFY)	8-7-19	987 Forrest		Cem. Great Brio		
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	INERAL DIRECTOR	ERT S. BARR A PARK, MD	ANCO JEB 21146	AUG	1 1987	REGISTRAR'S SIGNATURIAN	4

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ROBERT S TO BARROO

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FOR

STATE OF MARYLAN	D
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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9	7EGISTRAR				CERTII	FICATE OF DEATH	REG. N	10		3 3	2	•
I. DE	CEASED NAME	FIRST	,	AIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	JR
(11)	Eug	ene	N. B	rooks				8	6	87	20:	384
3. SE			4. RACE			OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UN	NDER I YEAR		
	Male		Black		MONT	18 48	39	YRS		HS DATS	HOURS	MIN.
7a. B	IRTHPLACE (STATE OR FO	DREIGN		WHAT COUNTRY			9 BALTIMORE CITY			DEATH		
	COUNTRY)	37	US		WIDOW		Anne A	rund	de l	Cou	ntv	MD.
10 C	ewburgh N	TH	11. NAME OF		ING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	1;	2b. KIND C		
F	ort Meade	, Mc	1	rough		Hospital	Active D	H+ V	A T	m V		
ŲSŲ	AL RESIDENCE (IF NURSIN	NG HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFO	RE ADMISSION)					/		
1.50.		13b COUN		FT. ME		YES NO	13e STREET ADDRESS			0	2	0755
14 F.	ATHER'S NAME	A.A.	co.	Bertin Steps		15 MOTHER'S MAIDEN NA	ME A M	inee	Ler	COII	rr -	0177
	EUGENE		GUST	BROOK	S	NAOMI	WIDDLE		FLE	MING	\$1	
	WAS DECEASED EVER I	N U.S. AR	MED FORCES?	166 SOCIAL SEC			nca M.T.					
(YES, NO OR UNKNOWN)		e war or dates)	192-38	0 219		7 A Wheel			×+.FI	e. ME	LADE .
	18 CAUSE OF DEATH					4 102	/ A MILEET	EL	T	APPROX	ONSET AND	
	PART I. DEATH WA	AS CAUSE	D BY-			lmonary Ara	cost			77	. 1	Hour
1	THE REAL PROPERTY.	IMMEDIA	E CAUSE (a)	Car	grope	IIIIOIIGLY ALL	. 636			14L		11001
0			DUE TO, OI	R AS A CONSEQU	UENCE OF							
	Canditions, if ony,		(b)									
	gave rise to imme cause (a), stoting		DUE TO O	R AS A CONSEQU	IENCE OF							
	underlying cause	lost	(6)	Astl								
	PART 2. OTHER SIGN	IFICANT (CONDITIONS CO			NOT RELATED TO THE TERM	AIN AL DISEASE OR COM	NDITION (GIVENI	N PART 1	a	
ON												
CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF	YES, WE	ERE FINDI	NGS USE	D
F							YES NO		YES T	G CAUSES	NO T	_
OK U	21a. ACCIDENT WAS UNDE	ERLYING [21c. HOW INJURY OCCUR		URY IN ITEM T	B PART I	OR PART 21		
	OR CONTRIBUTING C		1177	M. MONTH		e to the first						
MEDICAL	(IF EITHER, NOTIFY MEDICA		21e PLACE		19	211 LOCATION						
ME	WHILE IT NOT WHI			EET, FACTORY, OFFICE	, FARM ETC)	STREET	CITY OR 1	OWN		COUNTY	5	STATE
					-					0.7		
	22a. certify that (1) (C 3		07	Aug 19 87 nd that in (my) (aur) apinion			_, 19_		that (I) (
	above, (1) (we) (di	id) (did no					deoni accorred on me (Jule and R	idor dire			
17.4	226. SIGNATURE		1.			DEGREE	MEDICAL ST	AEE		22c. DATE	SIGNED	ada
	Javus	w	Menga	men			MEDICAL STA	CIAN		8-	7-1	187
	22d. PHYSICIAN'S NA	ME (TYPE C	R PRINT			22e. ADDRESS	3 !!		1			
	Sabri	na F	Benjami	n M.D.		Kimbrough						
23a.	BURIAL, CREMATION, R				NAME OF	CEMETERY OR CREMATORY	23d LOCATION	Mai	· y	and		
	BURIAL		8-12-19	287	ARLING	TON NAT'L.CEM	CITY OR TOWN	TON	ART.	. CO.		STATE
24 F	UNERAL DIRECTOR		10-75-7		MINIM		ARLING					-
	J.W. Chamb	6000	1. 1611	M/ APDRESS	10.		3 1 4	10	K .: 1	30	-	
u	.w, cham	1513	CO, 3001	(180013119	stre,	MINERAL MINERY	14 1097	DIE		-	-	. 4

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	8	3
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2009 AUG	-8	BIGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	2 1 8	3 4
6 m = N	1 DE	CEASED NAME FIRST	WIDDLE	0 1	SI	20. DATE OF DEATH A	ONTH DAY YEA	AR 26 HOUR
dege 3	3 SE	Emr	RACE DOPINEA	Such Is DATE O	EBIRTH	6. AGE (IN YEARS LAST BIRTH	19. 3.198	VEAR IF UNDER 24 MRS
S Offer	5	emele	White.	Jan	DAY YEAR	98		AYS HOURS MIN.
Pog		RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNT	RY? 8.	☐ NEVER MARRIED ☐	9. BALTIMORE CITY OR		н
death	LN	Januland	1. NAME OF HOSPITAL NUI	WIDOWE	DIVORCED [Anne !	Arundel	MD.
the the	10		OPNOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	. 1	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUS	_
hours	USU	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT	THER INSTITUTION, GIVE RESIDENCE BY			13e.STREET ADDRESS 2		11032
22		ND AF			YES NO NO	1454 Fair	1 111	op Road
within oletely and 2 s	1)	THER'S NAME FIRST	IDDLE LAST	1.3	15. MOTHER'S MAIDEN NAM	MIDDLE	D	LAST
col Loo		VAS DECEASED EVER IN U.S. ARM		ECURITY NO.	17. INFORMANT	Locul Se	macare C	horielane
Poges medical	((ES, NOOR UNKNOWN) JIF YES, GIVE	WAR OR DATES) 219-3	2-1906	George Gi	Jorer-Bal		
g physicia ionoapers removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for 191, (b)	and (c).)	1		BETW	PROXIMATE INTERVAL
Certification of the certifica		IMMEDIATE	CAUSE (a)	10 11	140 cava (a)	Intare M	oh tu	n media re
death over a		Conditions, if any, which	DUE TO, OR AS A CONSE	PC AT	neruscleros	ri's		
t the crematic remains the rem		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	QUENCE OF				
se that			(c)	TO DEATH BUT	NOT BELLATED TO THE YERM	NIAL DISCASS OF COVID	TION CRISN IN DAD	X 1.
equire n sign Then r to bu	NO O	PART 2 OTHER SIGNIFICANT CO	Tation Le	10 DEATH BOTT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	II ION GIVEN IN PAR	(1 116
low r	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WH	H OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	NDINGS USED USES OF DEATH?
sician.	ERTIF	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NOTE	YES	NO [
CIAN: phys prifica al-tro ntal Hy em 18		OR CONTRIBUTING CAUSE OF DEAT	LUCKIE A LA MONITUL	DAY YEAR	THE TOTAL POLICE AND THE PARTY OF THE PARTY	LE TENTER NATURE OF INJORT	INTERNITOR PART I OR PART	,
PHYSI inding this ce buri d Mer	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOW	N (OUNT)	Y STATE
After atternation of the on the on the on the on the on the one of	*	WHILE NOT WHILE AT WORK			1980	×/2	(2)	
TEND optol of TOR: you not		220.1 certify that (I) (this hospital saw the deceased alian about, (II) we) (did and not			that y (my) () ur) opinion d	eoth occurred on the dot	e and have and from	the couses stated
OR AT e hosp DIREC sched f Dept. c		22k MGNATURE	low the bady offer death.		EGREE			ATE SIGNED
FRAL State detection of the control		224/PHYSICIAN'S NAME (TYPE OR	men/	M	ATTENDING PHYSICIAN C	MEDICAL STAFF	AN [] 8/	4/8)
TO HOSPITAL retained by to TO FUNERAL should be det with the State IMPORTANT:		Joseph N.	Friend		205 Ridgel	y Ac A	in polis	ml.
	23o E	URIAL CREMATION, REMOVAL	23b DATE 9007	NAME OF CE	METERS OR CREMATORY	23d LOCATION	Pounty/	/ mn
BP	24 FU	INERAL DIVECTOR	10/0/0/	LOUGOR	250. DATE	REC'D. BY REGISTRAR 2	Sb. PEGISTRAR'S SIG	NATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	7	AYTOr FUNERA	(Chapel	FNNALSO	15,120, AU	G O 6 1987	Julia Devide	es. Kongone
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STATE OF MARYLAND

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O O O NO	11	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7	2 1 8 3 .
/		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY, YEAR 26 HOUR
er deost	{TYPE	ORPRINT! ALFRE.	D J.	BURKE		8/11/87
e e e	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS /
e e		MILE	WHITE	10-10-50	76	YRS
\$ 10m		OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED		OR COUNTY OF DEATH
(eV)	10 6	MD.	USA	WIDOWED DIVORCED DIVORCED NO HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	
A) 1	10	PASADENA	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY
2	PISU.	I EVERA BCH.	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ED.	POLICEMA	N RETIRED
35		TATE 13b. COUR	VIY 13c. CITY OR TOV	VN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	2/127.
2 1	14. FA	MD. ANNE	ARVWOEL PASAD	15 MOTHER'S MAIDEN N	AME CARRI	LL.RD.
in de	1	FIRST	MIDDLE LAST	To C 5mb	MIDDLE	ETUSKY
8		CLAKENCE VAS DECEASED EVER IN U.S. AR		JOSEPH JRITY NO. 17 INFORMANT	ADDRI	
medi	(1	ES, MOOR UNKNOWN) (IF YES, GI	VE WAR OR DATEST 2/2-09-	0083 VIRGINIA	E. BURKE	SAHE AS 13
1		IR CAUSE OF DEATH (Enter or				APPROXIMATE INTERVA BETWEEN ONSET AND DE
ent,			nly one couse per line for (a), (b), or ED BY: TE CAUSE (a)	tu adenocarci	noma - 6	144
or re-		IMMEDIA	0000	THE PARTY STREET, ST. ST. ST. ST.		
0 60		Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENC OF		
r tro		gove rise to immediate couse (a), stating the	(b)			
othe		underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF		
0		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART Tro
njery njery	NO NO					
D D D	ATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
3/	CERTIFICAT				YES NO	IN CERTIFYING CAUSES OF DEATHS
8	CER	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
187	AL	OR CONTRIBUTING CAUSE OF DE		19		
p 10	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	1. 20.0	
orked	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, EACTORY, OFFICE,	FARM ETC) STREET	CITY OR TO	OUNTY STAT
mar			ital) attended the deceased from.	10-19 19 XI	10 la-	19 %7 , that (I) (we
21 is		sow the deceased oliveran	view the body ofter death	, and that in (my) (our) opinio	n death occurred on the d	ate and hour and from the causes state
±e3	79	22b. SIGNANCE	view the body offer death	DEGREE		22c DATE SIGNED
100		M/Q1/1	10/6/11/100	ATTENDING	MEDICAL STA	FF
Z		228. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	DALCTON L. I THISIC	
MPORTANT		MARVINIT	FEL DMAN	MD 302 GDI	EENSPEING	STATION 2100
IMPORT	23a. F	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY		014111014
		SPECIFY)		21 = 1 HE		COUNTY STAT

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

24. FUNERAL DIRECTOR PASADENA PASADENA All SLE DINZZ PI MIUNTAIN

250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

AUG 1 7 1987

AUG 1 7 1987

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Glen Burnie, Maryland

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E O	è	3. SE	X		4 RACE	The second	5. DATE (1447	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 2
ge 4	0 0	F	emale		White		July	5, 195	4 YEAR	33 YRS.	UNIHS DATS HOURS
Pag J	10 1		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?		D NEVER A		BALTIMORE CITY OR COUNTY	OF DEATH
of nero	E E	100	orth Carol:	ina	USA		WIDOW		ORCED	Anne Arundel	
1 b	18 X		TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	G HOME		ITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINES
s offers	C	S	everna Par	k	509 Par	CHEACILITY, GIVE STREET	ADDRESS)			Sales Lady	Avon
4 hour	25	13a 5	AL RESIDENCE (IF NURS	13P COAL	VIY	13c. CITY OR TOW	N	13d INSIDE CI		13e STREET ADDRESS / ZIP CODE	21146
10 2 Fil		_	aryland	A A	Co.	Severna I	ark	YES	NO X	609 Park Road	21140
4 /	117	14 F7	FIRST		MIDDIE	LAST			MAIDEN NA/	WIDDIE	IAST
oted of	3080		Francis		G.	Hensle			ara		Merson
nd c	dico ges		VAS DECEASED EVER	(IF YES GIV	MED FORCES?	166 SOCIAL SECU		17 INFORMA		sband) ADDRESS	
9 0 0	E E		No	NA		216.60.63	3.46	Bruce	E. Buri	ress Same	as #13
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the state	oven even		PART I. DEATH W		D BY: TE CAUSE (a)			DY	east	(ancev	14 years
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12.48	t to		underlying cause	last	(c)	N AS A CONSEGUE	1102 01				
1	1 A A		PART 2. OTHER SIGI	VIFICANT (CONDITIONS	ONTRIBUTING TO	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1:a
equi	to to	O N									
ow o	prio on	CERTIFICATION	190 DATE OF OPERA	TION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFO	RMED		WERE FINDINGS USED ING CAUSES OF DEATH
hel	e ue	E						1		YES NO YES	
N. J.	Hyg W	8	21a. ACCIDENT WAS UN	_	11010	OF INJURY	V VEAD	21c. HOW IN.	JURY OCCURE	RED (ENTER NATURE OF MOURY IN ITEM 18 PA	RT 1 OR PART 2)
ICIA g ph	of E	CAL	OR CONTRIBUTING		4111	.M.	19				
HYS ndin	A We	MEDIC	21d INJURY OCCUR	RED	21e PLACE	OF INJURY		211 LOCATIO	N	CITY OR TOWN	COUNTY 51.
otte er t	and	E	WHILE NOT WE AT WO	FILE OF	- (AT HOME, S	TREET, FACTORY OFFICE F	ARM EIC)	JINELI	100	21-0	CA
A P	mo t	150	220.1 certify that (1)	(this hospi	tal) attended t	he deceased from_	12	4	19 85	10 8 20	9 5 that (I) (w
TOR	of H		saw the deceas	ed alward	61	26 19	王。	nd that in (my)	(aur) opinion	death occurred an the date and hour	and from the couses stat
hosp	e p c		279. SIGNATURE	lid graid no		- 0		DEGREE			224 DATE SIGNED
the lo	H H		Stua	ot i	- Sel	oulls	1110	A	TTENDING	MEDICAL STAFF	8/28/87
by by ERA	Stor		22d. PHYSICIAN'S N.	AME (TYPE C)		22e ADDRES	HYSICIAN E	DIRECTOR PHYSICIAN	101-101
NOS Ped	with the St IMPORTAN	0									
o o o	Should be the sh	26	Dr. Stuar							Street Annapolis	, Md.
		230	BURIAL, CREMATION,					EMETERY OR C		23d LOCATION	COUNTY
BP			Buri	al	1A119 3	1. 1987 G1	en Ha	aven Mei	n. Park	Clen Burnie A	A Co Mar

24 FUNERAL DIRECTOR

NAME
Singleton Funeral Home Glen Burnie, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

O HOSPITAL OR

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND	~ -7
DEPARTMENT OF HEALTH AND MENTAL	DGIENE
CERTIFICATE OF DEATH	

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28	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL OG	REG. N	0	0	EDT
	CEASED NAME FIR			AIDDLE		AST		MONTH DA		26 HOUR
	ROBERT	Γ	RAY	MONID	CAM	PION	AUGUST	27,	, 1987	135 Al
3. SE		4. 5	RACE		S. DATE C		6. AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS
	Male		White April 21, 1938			11 21, 1938	4		TATIS DATS	mar.
	RTHPLACE (STATE OF FOREK COUNTRY) New York Cooklyn,	GN 7b.	CITIZEN OF V	what country?	8.	D X NEVER MARRIED	9. BALTIMORE CITY O ANNE	ARUNDEI		TY MD.
	GLEN BURNI		I IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET H ARUNDE	ADDRESS)	PITAL	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Engineer		INDUSTRY	inghouse
USU.	AL RESIDENCE LIF NURSING H	COUNTY	ER INSTITUTION	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
		A A C	0.	Pasaden		YES NO X	308 South	Carolin	na	21122
	ATHER'S NAME			LAST		15 MOTHER'S MAIDEN NA	ME		LAS	
	Raymond	Fra	ncis	Campion		Elizabeth	D.		Kami	
	VAS DECEASED EVER IN U	J.S. ARMEI	D FORCES?	166. SOCIAL SECU	IRITY NO.	17 INFORMANT (Wif	e) ADDR	ESS		
(YES, NO OR UNKNOWN) (IF	NA	AR OR DATES	084.30.1	981	Mildred L.		S	ame as	#13
	18. CAUSE OF DEATH (E. PART I. DEATH WAS C. IMM Conditions, if any, wh gave rise to immedicause (o), stoting underlying couse la	CAUSED B MEDIATE C sich ate the	DUE TO, OI	RAS A CONSEQUE	ENCE OF	J fail	onzelis		BEJWEEN	MATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFIC					NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	70h IF YES, V	WERE FINDIN	NGS USED
CAL CER	710. ACCIDENT WAS UNDERLY. OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)	E OF DEATH	216 TIME O HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ.	IRY IN ITEM 18 PAR	1 I OR PART 2)	
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		71e PLACE	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC 1	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	270.1 certify the (1) (this saw the deceased of above (1) (we) (did) (27b. SIGNATURE				87,0	nd that in (Fay) (our) opinion	1			
	224 PHYSICIAN'S NAME	(TYPE OR PR	(INT)	M		Tan. ADDRESS	MEDICAL STA	CIAN	SULTE	204
	CHARLES	T 10	и м т				RNIE MARYI			
	BURIAL, CREMATION, REM (SPECIFY) Cremation	OVAL	236 DATE	23c 1		EMETERY OR CREMATORY unt Cemetery	23d LOCATION CITY OF TOWN Baltimore		COUNTY	Marylan
24 F	uneral director %. ingleton Fund	Me	vege;	Glen Bur	>	25a. S	E P. C.P. BY RE9987	256 REGISTR	APS SIGNAT	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the buriol-transit permit. Then please remove carban papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the death certificate retained by the hospital or attending physician.

STATE OF MARYLAND

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Great		0		12

	1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	A-12	1 8	3	4
6 3 8 2 5 AUG		EASED NAME	ober 1 RA	† Frankli	in (2 at 5. DATE O	terton F BIRTH DAY YEAR	REG. N 20. DATE OF DEATH 6. AGE (IN YEARS LAST BI	MONTH DAY	YEAR - 87 INDER I YEAR	26 HOUR 2:30 A FUNDER 24 HRS HOURS MIN.
offer death, Page 4 The funge of directo ed with (77 hours at officed at one)	10. C1	THPLACE (STATE OR FOOUNTRY) MD Y OR TOWN OF DEAT napolis	H 11. I	USA NAME OF HOSPITA IF NOT IN SUCH FACILITY IN NOT IN SUCH FACILITY IN NOT IN SUCH FACILITY IN NOT IN SUCH FACILITY	AL, NURSING	8 MARRIEI WIDOWE G HOME O DDRESS)	D NEVER MARRIED DD DWORCED DROTHER INSTITUTION	9 BALTIMORE CITY O Anno 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST: Farmer	ON DE WORKING LIFE)	126 KIND OF	M BUSINESS OF ulture
of wells 24 bours	₩5U.A 13a. S	L RESIDENCE HE NURSIN		RINSTITUTION GIVE RESI 13c. CIT Tra	TY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA. FIRST Nannie	130 STREET ADDRESS 6025 Fran	/ ZIP CODE Klin Gik		d/20779
he executed for the control of the c		(AS DECEASED EVER IN ES NO OR UNKNOWN) NO	U.S. ARMED (IF YES, GIVE WAR n/a		S-36-3		17. INFORMANT Elizabeth Ca	atterton (ESS		MATE INTERVAL NSET AND DEATH
quires that the death certi signed by the attending for the please remove corban to burial, cremation, or ren njury, or ather traumatic ev	NC	Conditions, if ony, gove rise to imme couse (a), stating underlying couse	which diote the lost.	DUE TO, OR AS A (CONSEQUE	MCE OF K	FAILVAS FORA NOT RELATED TO THE TERM		IDITION GIVEN	IN PART 110	
NG PHYSICIAN: The law requir ottending physician. After this certificate has been sign os the buriol-transit permit. Then the and Mental Hygiene prior to be orked or frem 48 shows any injury	CERTIFICATION	190 DATE OF OPERATION	RLYING	196. CONDITION FO	RY		N WAS PERFORMED	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	206 IF YES, WIN CERTIFYIN YES	G CAUSES	
ING PHYSICIA r ottending ph After this certifi os the buriol-ti lith and Mental iarked ar themal	MEDICAL	OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILL AT WORK	D 2	P.M. 21e PLACE OF INJU (AT HOME STREET, FACTO	JRY ORY, OFFICE, FA	RM, ETC	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
HOSPITAL OR ATTENDING by the hospital or FUNERAL DIRECTOR, a void be deroched for use in the State Dept. of Heal operation is the contract of		22a. I certify that (I) (I) sow the deceased obove (II) with dis 22b. SIGNATURE 22d. PHYSICIAN'S NAME 22d. PHYSICIAN'S NAME ATTACK.	dedid not see	Whe body about	sed from	100	d that ((my)) ur) opinion DEGREE ATTENDING PHYSICIAN 27e ADDRESS	depth occurred on the o	FF	22c DATE 9	_
BP	23a. B	URIAL, CREMATION, RI		B_21_87			EMETERY OR CREMATORY	23d LOCATION CHYOR TOWN	_	DUNIY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

124 FUNERAL DIRECTOR 4 14 Owny pogs mol

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

(VRA 15, 4)

1, 11, 13 per Ron Wode STATE OF MARYLAND

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE ___, that (I: (we) last and that in (my) (aur) opinion death occurred an the date and hour and from the couses stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 21061 Glen Burnie, Maryland STATE 24 FUNERAL DIRECTOR AUG 1 2 987 PAR PROPERTY AND THE STATE SIGN QUE ADDRESS State Anatomy Board

DEPARTMENT OF HEALTH AND MENTAL HOSIENE CERTIFICATE OF DEATH

REG. NO

YEAR

DAYS

126 KIND OF BUSINESS OR

LAST

PROPERTY OF THE PROPERTY OF TH

FIR LOCAL

TO HOSPITATENDING PHYSICIAN. The law requires that the beath certificate be executed within 24 hours after death. Page 4 may b retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician contained in any internal permit, Then please remove carbon paper. Plage and the state Dept of Health and Mental Hygiene prior to burial, cremation; or removal.
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063170 AUG	FOR 1 - STATE 9 R TEGISTRAR		DEPARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	REG. NO.	841
m.s	I. DECEASED NAME	FIRST MIO	OLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be poge 3	I	Pattie		esebrough	8	15 1987 10:30 PM
Her o	3. SEX	4 RACE	5 DATE (OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DATS HOURS MIN.
a o o o	Female	White	Α	st 25, 1908	78 YR	
2 11 8	a. BIRTHPLACE (STATE OR FO	REIGN 76 CITIZEN OF WH	HAT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
1 1 1/4	Worth Carolina		WIDOW	DIVORCED [ndel County MD.
101	Baltimore	18 Wa	SPITAL, NURSING HOME (ACILITY, GIVE STREET ADDRESS) Llace Avenue	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Machine operat	
AND 212	OSUAL RESIDENCE (IF NURSIN 130 STATE Maryland	GHOME OR OTHER INSTITUTION GR 36 COUNTY Anne Arundel	re residence before admission) CCITY OR TOWN Brooklyn	134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO 18 Wallace Av	ODE 21225
MARYL.	Osceola	MIDDLE	Ross	15. MOTHER'S MAIDEN N. FIRST	WIDDIE	Dail
TIMORE, Page execution and a page of the p	NO WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	18 12 0135	Peggy Barnic	ADDRESS kel (same as 13	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B NG PHYSICIAN. The law requires that the death certifica attending physician. After this certificate has been signed by the attending phys os the buriol-transit permit. Then please remove carbon pay th and Mental Hygiene prior to buriol, cremation; or remove orked or them 18 stoys any injury, or other traumatic event.	PART I. DEATH WAS UNDER OR CONTRIBUTING OR CON	MMEDIATE CAUSE (a) DUE TO, OR A which flost FICANT CONDITIONS CON DISTRUCT IVE ON 196 CONDITION REVING 216, TIME OF I HOUR A.M. EXAMINER) P.M.	RTERIOSCLEI AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS ETES ITRIBUTING TO DEATH BUT PULMONTALS ON FOR WHICH OPERATION MONTH DAY YEAR	MELL 1745 NOT RELATED TO THE TER. J 15 FASE N WAS PERFORMED 216 HOW INJURY OCCU	PRIMARY HYPO	GIVEN IN PART TO STAY OF YES, WERE FINDINGS USED RITIFYING CAUSES OF DEATH? YES NO NO
TO HOSPITAL OR ATTENDING PHY retained by the hospital or attend: TO FUNERAL DIRECTOR. After this should be detached for use of the but with the State Dept of Health and MIMPORTANT: If them 21 is marked or	27d I certify that III (saw the decease obove (I) (weyld) 27b. SIGNATURE	this hospital) attended the colive an STA dollar with body at	deceased from 19 7 oter death.	DEGREE ATTENDING PHYSICIAN 276 ADDRESS 5507 A F	MEDICAL STAFF DIRECTOR D PHYSICIAN D	276 DATE SIGNED
TO H show				BALTIMOR	1236 LOCATION	23
BP	23d BURIAL, CREMATION, R (SPECIF Entombme)	nt 8 18 87	Cedar H	ill Cemetery	Brooklyn Ann	ne Arundel Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR George Gonce	4001 Ritchie	212 Hwy Baltimor	e Md.	NE REC'D. BY REGISTRAR 236 REC	lea Devider-Rudus

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FOR

STATE	OF MARYLA	ND

DEPARTMENT OF HEALTH AND MENTAL HOSIENS

39	17 AU	G12	REB TRAR		CERTIFI	CATE OF DEATH	REG. N	10	et.
4. m	£		EASED NAME EIRST	MIDDLE	(A)	st	20 DATE OF DEATH	MONTH DAY YEA	
oy be	deoi	2.663	Har		Chr	1374	6 AGE (IN YEARS LAST B	149. 22, 198	
4 of	offer	3 SE)		1. RACE	5. DATE OF	DAY YEAR) Q	MONTHS D	ATS HOURS MIN.
Page	2000rs	7a BI	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8 . (5, 1918	9 BALTIMORE CITY	OR COUNTY OF DEATH	н
orth.	CI 3	m	Jaryland	usp	WIDOWED	NEVER MARRIED DIVORCED	Anne	Arunde	MD.
ter de	the second	10 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OTHER INSTITUTION	120 USUAL OCCUPATION OF MOST		D OF BUSINESS OR
by 1	Per	F	Innapolis	Hone Arund		al Hospital	Homemo		me
4 hou	27	13a. S	TATE 136 CC	E OR OTHER INSTITUTION GIVE RESIDENCE DUNTY	IR TOWN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	7 21 9000	21461
hin 2	E	14. FA	THER'S NAME	HOD HOD	apo 115	YES NO 1		odlawn	Hvenue
3 1	3250		EIRST	WIDDLE	Kar	FIRST	MIDDLE	Disa	LAST . th
ecute.	s 0		AS DECEASED EVER IN U.S.		AL SECURITY NO.	17 INFORMANT	ADDI	RESS SOL	ne as
e ex	Poges	()	ES. HOOR UNKNOWN) (IF YES	GIVE WAR OR DATES) 220-	18-5885	Howard W	Christy	Jr +	113
afe b	opers val.		18 CAUSE OF DEATH (Enter PART), DEATH WAS CAU	r only one couse per line lar (a)	(b), and (c)	-001	1 1	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
a phy	even	-		DIATE CAUSE (a)	Make	ul leus	ul ays	such	
oth co	n, or matic		112	DUE TO, OR AS A CO		Λ.		V	
e de	matia frau		Conditions, if any, which gave rise to immediate)	Mori	A			
th tot	lease remave carb ial, crematian, arr ar ather traumatic		cause (a), stating the underlying cause last	DUE TO, OR AS A OF	DAY A	rojan			4000
res t	buria buria ny. ar		PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTION	NO TO DEATH BUT I	NOT RELATED TO THE TERM	MINAL DISEASE OR COI	NDITION GIVEN IN PAR	T lio
requi	or to	NOT	COPP				Topicy?	Ten is use wishes the	NDWICE HEED
low os be	s and	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	I WAS PERFORMED	200 AUTOPSY?	106 IF YES, WERE FIN	JSES OF DEATH?
The Sician	Hygier 8 share	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	YES T	NO [
CIAN phy rrific	TO E		OR CONTRIBUTING CAUSE OF		TH DAY YEAR				
HYS)	d Men	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, EACTORY		211 LOCATION STREET	CITY OR 1	IOWN COUNTY	Y STATE
NG P	os the	Σ	WHILE NOT WHILE D	THE NOME STREET, ENCIONS	Otto, commercy	0 0	2/.	- b	
NO IS	Heal is m			on 813016	from 81	that my jour opinion	, to	1987	, the (I) (we) last
OSPITE PCTC	S. C.		obove (3) (ye) (did) did 27h SIGNATO	not view the body after death	2011	EGREE	death occurred on the	date and hour and from	ATE SIGNED
the h	tache Pep		Men	1X ran	in	ATTENDING >	MEDICAL ST.	AFF STATE OF	D4/45
by JERA	with the State	1	226 PHYSICIAN'S MAME (T	(PE OR PRES)		PHYSICIAN,	DIRECTOR PHTS	CIAN	
HOSP Bined b	with the		A ED BRIE	() Anv	MAS	205 120	dans	FM 19	magarles
5 a 5	53 ₹	23o I	URIAL, CREMATION, REMOVE		23c NAME OF CI	METERY OR CREMATORY	MAGCATION	co	mes
BP			Burial	Aug 25,1981	Lak	emont	Davidson	onle Af	1. moze
	16 60M 7/84	74 F	JNERAL DIRECTOR	ral Chapel-	OPPESS		TE REC'D. BY REGISTRA	R 256 REGISTRAR'S SIG	
{VRA	15, 4)		aylor tune	ray Lixper-	mnapol	15 IIII LAL	10 4 0 1301	w Cough	N. Kentrana

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOSIENE CERTIFICATE OF DEATH

2	25	-1	9
21	8	4	3
REG. NO.			

G -	8 8	CEASED NAME FIRST ALBERT	Ross CL	AYTON, JA	o DATE OF DEATH MO	1 5 87 21 S	HOURO
0	7a. 81	Male WI	WHAT COUNTRY? 8. WHAT COUNTRY? 8. WARRIED WIDO WED HOSTITAL, NURSING HOME OR HUT, GIVE STREET ADDRESS)	E 17, 1920 NEVER MARRIED 19 DIVORCED 19	AGE (IN YEARS LAST BIRTHON BALTIMORE CITY OR C THURE USUAL COLUMN	YRS DATS FOUNTY OF DEATH	MD. BUSINESS OR
050	13a.5	AL RESIDENCE AT THE RISE THAME ATHER'S MAME ATHER'S MAME ATHER'S MAME	HNNA DOLIS	13d INSIDE CITY LIMITS? 13 YES NO	SI STREET ADDRES / ZI	Ner Rd, 2	1401 -+
1	Ida. V	WAS DECEASED EVER IN U.S. ARMED FORCES	166 SOCIAL SCURITY NO. 122-18-5717	Robertal	1. Clarton	# 13	NIS
7	CERTIFICATION	Conditions, if any, which gave rise to immediate course to immediate course to stating thin underlying course lost (c)	Metastatic or as a consequence of or as a consequence of		20a AUTOPSÝ?	ON GIVEN IN PART TO ON FYES, WERE FINDING N CERTIFYING CAUSES OF	S USED
9	MEDICAL CERTI	FERNER NOTES WEDICALESAMMEN P	M. MONTH DAY YEAR M. 19 OF INJURY REST. FACTORY OFFICE, YARRE STC.) The deceased from 19 The	216 LOCATION STREE That in (my) (aur) apinion december EGREE ATTENDING BHYSICIAN	city or town	COUNTY 19 7, the ond hour and from the car	
1		172 PHYSICIAN'S NAME (1114 OF MINT)		51 FRANKU	IN ST	ANNAP I	nd.
34	{	SUPPOCEMATION, REMOVAL 236 DATE SPECIFICATION REMOVAL 236 DATE	187 HILLER	Olis, MA, AU	Pad LOCATION VINDA DO REC'D BY REGISTRAN 256.	REGISTRANDS CHATLER	MD.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR After this should be defloched for use on the built the Stote Dept. of Health and M.

MPORTANT, If live 21 is marked or them 18 shows any

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	STATE	OF M	ARYL	AND	
EPARTMEN'	T OF HE	ALTH	AND	MENT	

2	1	8	4
REG. NO	*	- 31	7

1	FOR STATE REGISTRAR		DEPARTA		FICATE OF DEATH	REG. NO.	8 4 4 EDT			
	DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR			
L	BENSON		GAN		IRAD	AUGUST	8, 1987 1730 /			
3.	SEX Made and a second	4 RACE		S. DATE (DAY WEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.			
1	Male BIRTHPLACE (STATE OR FOREIGN	Whi	WHAT COUNTRY?	Nove	mber 19 1895	91 _{YRS}	V OF BEATU			
	Pennsylvania		S.A.	MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNT ANNE ARUNT				
	GLEN BURNIE	(IF NOT IN SUC	TH ARUNDE	ADDRESS)	PITAL	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK ING) Brakeman	Rail Road			
7 13	SUAL RESIDENCE (# NURSING HOME CO. STATE 13b, CO. 13b, CO.	A.A.	13c CITY OR TOW Pasaden	N	13d INSIDE CITY LIMITS? YES NO 🛣	7979 Elizabet				
U	FATHER'S NAME FIRST Samuel	MIDDLE Benson	Conra	d	15 MOTHER'S MAIDEN NAM	May	Dugan			
16	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS				
L	Yes, no or unknown) (IF YES, O	T T T T T T T T T T T T T T T T T T T	212-12-6	711	Gladys Leisr	ner Same as 1	3e			
	gove rise to immediate couse (o), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION OF THE TERMINAL DISEASE OF THE									
3										
CEPTIFICATION	190 DATE OF OPERA	1% COND	ITION FOR WHICH	OPER#10	ON WAS PERPORMED	CERT	ES, WERE FINDING IT IN I			
		EATH HOUR A.		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)			
TA COLORA	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE			ZII LOCATION	CITY OR TOWN	COUNTY STATE			
	AT WORK	manife at a second at	. 4 11	A	9 80	Quenut 8	87			
1	220.1 certify that () this has	- Jusa	ofter death	87 .	nd that in (my) (our) apinian	death occurred on the date and ha	our and from the couses stated			
	228. SIGNATUIT	· Nh	ubeh	r	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/8/87			
	22d PHYSEIAN'S NAME (1116	DEPERT)			22e ADDRESS	708 MOUNTAIN ROA	D			
22	BURIAL, CREMATION, REMOVA	PREK M	D. 122. 1	VAME OF	PASADEN CEMETERY OR CREMATORY	A MARYLAND 21122	2			
1	(SPECIFY) Burial				Hill Cemetery	Baltimore	A.A. Ma			

BP. DHMH - 16 60M 7/84

(VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows ony

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie∞ Higwy Balto Md

PASADENA MARYIAND 2
234 NAME OF CEMETERY OR CREMATORY
Cedar Hill Cemetery Baltimore

A.A.

AUG 10 TOTAL Julia Seridor Condes

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San Haat don Herz State Geathan 2582, an

AUG 10 1982 But

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IZ RE	ISTRAR				CERTIF	ICATE OF DEAT	H		REG. NO.			
I. DECEASE		FIRST		MIDDLE	1	AST	12	28. DATE OF DE		DAY	YEAR	26. HOUR
		FRANC	TS TW	ANGELISTE	COL	EVILLE T	R	AUGUST	05 108	27		5 - 45 PM
3.5EX	7		4. RACE		S. DATE C	OF BIRTH	6	AGE IN YEAR			DER I YEAR	IF UNDER 24 HRS
MAI	E		WHITE		04	28 24 YE	EAR		631		DAYS	HOURS MIN.
	ACE (STATE O	R FOREIGN		WHAT COUNTRY?	1	D NEVER MARRI	ED [] 9	BALTIMORE			EATH	
	DVI AND		II S	Δ	WIDOWE			ANNE A	RINDFI	COLINE	TY	MD
/	TOWN OF DI	ATH	11. NAME OF I		ADDRESS HOST	PITAL	ON I	SUPER			KIND O	F BUSINESS OR
13e. STATE		136. COU	VTY	13c. CITY OR TOW	M	134 INSIDE CITY LIA	_	3e. STREET AD			1	1/25
MA MA FATHER	RYLAND	ANNT	ARUNDE	. PASADI	ENIA	YES NO	-	3009 A	RERTA	AVEN	IE/	1.00
FRE	ANCIS			COURVILLI		FIRST FLEGZEAN			NIDDLE	LO	IAS VMAN	1
	OR UNKNOWN)		MED FORCES?	166. SOCIAL SECU	JRITY NO.	17 INFORMANT			3009 A	ALBERT	TA AT	ENUE
YE	S	TAT TA	TT	219 12	3372	THEDA	COURY	TILE_	PASADEN	JA MAE		
18 C	AUSE OF DEA	TH (Enter or	ly one couse per	line for (a), (b), or		T 1	1	~ /	01		BETWEEN	MATE INTERVAL ONSET AND DEATH
1	AKI I. DEAIII		TE CAUSE (a)		M	nydlrophic	FA	Teast.	Je/220	1515	41	mgZ,
PART	2. OTHER SIG	GNIFICANT				NOT RELATED TO THE		200 AUTOPS	Y? 20b.	IF YES, WEI	RE FINDIN	NGS USED OF DEATH?
E .			2 200 7005 6	E IN HIRV		In Howardiney	Occupan		10	YES 🗌		но 🗆
OR CO	ACCIDENT WAS U ONTRIBUTING [CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR 19	21c. HOW INJURY	OCCURRE	D (ENTERNATUR	E OF INJURY IN ITE	M 18 PART I C	OR PART 2)	
21d. II	NJURY OCCU	WHILE	21e PLACE	OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	211. LOCATION STREET		C	ITY OR TOWN	C	OUNTY	STATE
22a. l	certify that	sed alwe on				nd that in (my) (our)		, to 8	n the date on	2. 19_ d hour and		tha (II) (we) lost causes stated
	IGNATURE	Thos	Luc	Chan,	/	DEGREE N.D. ATTEN PHYSI	DING A	MEDICAL DIRECTOR [STAFF PHYSICIAN [8/S	SIGNED 7
22d P	HYSICIAN'S	VAME (TYPE	OR PRINT)			22e ADDRESS				437-3	200_((301)
	, CREMATION		Z3b. DATE		NAME OF C	4141 MOU		23d LOCATE				
(SPECIFY			2_6	97	N			CITY OR	TOWN	COL	MTY	STATE
24 FUNERA	L DIRECTOR		9-0	-07			25e DATE	REC'D. BY REG				
	AME		D	ADDRESS			AUG	1 1 19	8/ 8	به رام ما	red ly.	Corners

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If hem 21 is marking

ATTENDING PHYSICIAN, The

etained by the hospital or to FunERAL DIRECTOR: A should be detached for use with the State Dept, of Heal

TO HOSPITAL

MACHINE ST

14

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Sept 2

Home

STATE OF MARYLAND

69 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Own Home 13e.STREET ADDRESS / ZIP CODE 414 Phelps Avenue 21061 MIDDLE (Unknown) ADDRESS Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in(my) (our) opinion deoth accurred anothe date and have and from the causes stated Th. DATE STGNED PHYSICIAN CHORECTOR PHYSICIAN 653 OLD MILL ROAD MILLERSVILLE, MARYLAND 21108 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 1987 Glen Haven Mem. Park | Glen Burnie, A A Co. Maryland in Durdson Kandalls GLen Burnie, Maryland

REG. NO.

EDT

1987

IF UNDER I YEAR

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

Singleton Funeral

(SPECIFY)

COM BEREIT WERTH ARRESTS, HOSPITAL

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and completely filled in by the funeral director, page 3 ages one 2 should be filed within 72 hours after death

~0	JINIE VI MARTENIO
1 - STATE	DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA
163552 AUG 21 AZ REGISTRAR	

STATE OF MARYLAND NTAL HYGIENE /

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711	RZ.	REGISTRAR							REG, N	Ю.				
1		EASED NAME	FIRST	/	MIDDLE	l	AST		20 DATE OF DEATH	MONTH	DAY Y	EAR	26 HO	UR
	(TYPE	OR PRINT)	Rick	Aı	cnold	Cun	ningham			8 -	18 -	87	7:	42ам
3.	. SEX			4 RACE		5. DATE C			6. AGE (IN YEARS LAST BI	RTHD AY)	IF UNDER	DAYS	IF UNDE	R 24 HRS
		Male	ALEX CANAL	Caucasi	ion	MONTH 9	0.0	- 15	7	'1 YRS	MONTHS	DAYS	HOURS	MIN.
17	a BIF	OUNTRY)	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER A	APPIED T	9 BALTIMORE CITY	OR COUN	TY OF DEA	TH		
1	Ma	aryland		United		WIDOWE	D DN	ORCED	Anne Arun		County	1,		MD.
10	0. CI1	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INST	TUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					IESS OR
7		napolis		Anne Ar	undel Ger	neral	Hospit	al	Conductor		_	& C	R	.R.
34,1	3a. S	TATE	13b. COUN	YTY	13c. CITY OR TOW	N	13d INSIDE C		13e.STREET ADDRESS					
_	_	yland	Anne .	Arundel	Annapolis	S	YES 🗌		1504 N. Ri	verda	le Dr	. /	21	401
- I	4. FA	THER'S NAME FIRST		MIDDIE	IAST			MAIDEN NAM	AE MIDDLE			LAST		
1		Emanue:		В.	Cunning	gham	Ber	tha	М.			Hes	SS	
10		AS DECEASED E		MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMA	IV	ADDR	ESS	TO NOT			
	,,,	No			213-18-34	439	Maxine	Cunnin	igham (Sam	e as	# 13)			
Г		18 CAUSE OF D	EATH (Enter an	ly ane cause per	line far (a), (b), and	(c),1	,		DESCRIPTE		BET	PPROXIM	MATE INT	D DEATH
1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FORMULE OF MY												
1	н	DUE TO, OR AS A CONSEQUENCE OF												
Т		Canditians, if	any, which	(b) A	21/1/7/	red	Thor	2010	angun	SV	2			
П		gave rise to	immediate	DUE TO O	R AS A CONSEQUE	NCE OF			/				10	
1		underlying co	ouse last.	(6)	NASA CONSEGRE	IVEE OF								
1		PART 2. OTHER	GIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	IDITION G	IVEN IN PA	ART 110		
	o o	Rectal arimma an					mia							
1	S S	190 DATE OF OP	ERATION	196. COND	TION FOR WHICH	OPERATION WAS PERFORMED			200 AUTOPSY?		ES, WERE F			
	CERTIFICATION							YES NO			YES 🗍	.0323	NO	
		210 ACCIDENT WAS	_	110110	FINJURY M. MONTH DA	Y YEAR	21c. HOW IN.	URY OCCURRE	ED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR PA	ART 2)		
	3	(IF EITHER NOTIFY			M.	19								
	MEDICAL	21d INJURY OCC	URRED	21e PLACE	OF INJURY	a Pag FIC)	211 LOCATIO	N	CITY OR TO	OWN	COUN	uty.	U.	STATE
1	2	AT WORK A	T WHILE WORK	THE HOME, STA	LEI, TACIONI, OTTRE, TA	Ann, Erc)								
1		220.1 certify tha	This haspe	tal) attended th	e deceased from _			, 19			. 19		that (1)	(we) last
1	2.	saw the dec	eased alive on	t) view the body	after death.	S), or	nd that in (my)	aur) apinian d	eath accurred on the o	late and h	aur and fra	m the c	causes s	tated
1		226. SIGNATURE	4-	4,11			DEGREE	March .			220	DATE S	SIGNED	
1		01	mil	6/1/				TTENDING HYSICIAN	MEDICAL STA	CIAN [
7		22d. PHYSICIAN	S NAME (TYPE C	PRINT			22e ADDRESS		1 h		6		1	
		(-1M	(trup)				205	R104	P/1 870	8 11	NNO	4R	11	
2	3e. B	URIAL, CREMATIL	PEIREMOVAL	23b DAIE	87 Wes	IAME OF C	EMETERY OR C	REMATORY	73d LOCATION		I Childre			STATE
				0-19-	wes	rvre	v Cremat	-4	Westvie		Balto	- /	MD	STATE
2	4. FU	NERAL DIRECTO		S. BART	ADDRESS -			250 DATE	2 0 1987	266 REGI	SPARS SI	GNAPI	URE	<u>.</u>
		SEVE	RNA P	ARK, ME	21146			2116	2 () (30)					

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR After this certificate has been signed be should be detailed for use as the bursal trainst permit. Then pleas with the State Dept. of Health and Mental Hygiere prior to bursal.

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BP.

IMPORTANT II III 31 s marked or 11 m

POSEST S SARRINGO

SEVERICK PARK, IND. 21146

-	Page	direct
	OSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exactled within 24 hours after death. Page ed by the hospital or attending physician.	UNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fungral direct id be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and shiduld be filed within 72 haurs, the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	thot	ed by sleose
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DHMH - 16 60M 7/84

(VRA 15, 4)

FOR - STATE REGISTRAR 1. DECEASED NAME

26"87" (INT) 3 SEX

To BIRTHPLACE

COUNTRY MARYLAND

ANNAPOLIS

MARYLAND 14 FATHER'S NAME

(YES, NO OR UNKNOWN)

CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTIT

WILLIAM REESE & SONS MORTUARY, P.A.

RICHARD 160 WAS DECEASED EVER IN U.S. ARMED FORCE

23a BURIAL, CREMATION, REMOVAL

BURTAL

24 FUNERAL DIRECTOR

AUG

FOR STATE REGISTRAR			DEPAI	RTMENT OF H	E OF MARYLAND IEALTH AND MENT ICATE OF DEAT	TAL HYG	RE	2 G. NO.	8 4	3
PRINT)	Rre	hund	IDDIE	De	ennis		20. DATE OF DEA	8/87	DAY YEAR	26 HOUR 945
M	4	RACE B		5. DATE C	H DAY Y	ZY	6 AGE (IN YEARS L	S YRS	MONTHS DAYS	HOURS MIN.
RTHPLACE (STATE OR F OUNTRY) RYLAND Y OR TOWN OF DEA NAPOLIS		U.S.A		MARRIE WIDOWE	DIXXEVER MARR DI DIVORCO DR OTHER INSTITUTE AL HOSPITA	ED 🗍	9 BALTIMORE C ANNE 120 USUAL OCC (TYRE A BORE)	ARUNDE	T. COUNTY	MD. DF BUSINESS OR
L RESIDENCE (IF NURS LATE RYLAND	136 COUNTY		TRACE		NES NO			essk zipco	Road	10779
THER'S NAME FIRST RI	CHARD	PDLE	DEN	nis	15 MOTHER'S MAI	SOPH	HE ME	DDLE	EASTO	N
AS DECEASED EVER ES. NO OR UNKNOWN) NO	(IF YES, GIVE W		215-32		ANNA DE	Tr NNIS	racy's Lá 5681 Bro	Mang, okswood	Marylan Road	d 20779
Conditions, if ony, gove rise to improve (0), stotin underlying couse	/AS CAUSED (IMMEDIATE (), which mediate ing the lost	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEC AS A CONSEC HEM	QUENCE OF	ng lung ns	r Ca	nels		30	more interval moser and death lay2.
PART 2 OTHER SIGN			an	ICH OPERATIO	NOT RELATED TO T		200 AUTOPSY	20b. IF Y	YES, WERE FINDING CAUSES	NGS USED
21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTHY MEDI- 21d. INJURY OCCUR! WHITE NOT WAS AT WORK	CAUSE OF DEATH CALEXAMINER) RED	21b. TIME OF HOUR A.P P.P 21e PLACE C (AT HOME, STRI	A. MONTH A.	DAY YEAR 19 CE, FARM, ETC.)	216. HOW INJURY 216. LOCATION STREET	OCCURR	ED (ENTER NATURE O	OF INSURV IN ITEM 18	8 PART I OR PART 2) COUNTY	STAJE
220-8 certify that (1) sow the decease above, (1) (we) (a 22b SIGNATURE	(this hospital	8/1	719	87.0	DEGREE	opinion d	death occurred on	STAFF	our and from the	
Paul Be	AME STYPE ORP	MD			2568	A	Riva	Rd In	nafoli	121114
RTAL	REMOVAL	236 DATE 8-22-1	987	MOSES (CEMETERY OR CREM		23d LOCATION	TV.	COUNTY	Maryland
INTAM REPO	SF 2 C	Annap	olis M	d. 2140	01	AHO	REC'D. BY REGIS	TRARIZSE REGI	STRAR'S SIGNA	TUKL

AUG 2 5 1987 Julia Director Resistration

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3			FOR		D			ARYLAND AND MENTAL H	YGIENE	2 1	8 .	4 9	
63	84 AUG	19-1	ATE RGISTRAR			ICAL EXAM		C	FDEATH	REG. NC).		
			CEASED NAME	FIRST		WIDDLE		LAST	2a DATE	KNOWN 🗔	MONTH	DAY YEAR	26 HOUR
	2000 p	1	CORPRINT	Glory		Lee		Dixon	OF DEATH	H MATED		3 19 87	,
	PLEASE ECTOR. P. FILES. HOURS STREET,	3, 5E	4. RA	CE S	DATE OF BIRTH	YEAR LAST BIRT	HOAY) MONT	DER 1 YR. IF UNDER	24 HRS. 2c. DAT		MONTH	DAY YEAR	2d HOU
	* SARK	1	E W		12 22	63 23	3YRS.	13 DATS HOURS	DEA	D	8	3 1987	p:4
-	AND		RTHPLACE (STATE OF	7	b. CITIZEN OF WH	AT COUNTRY?	8 MARR	ED NEVER MARRI	ED Y BALTI	MORE CITY O	RCOUNTY	OF DEATH	HE'SL
	NAME OF THE PARTY	V	MD.		U.S.A	•	WIDOV			ne Arur		ounty	ME
	SHEET STATES	1	ITY OR TOWN OF D	/	(IF NOT IN SUCH FAC	ITAL, NURSING HO	55)	ER INSTITUTION	120 USUAL OCC	UPATION (TYPE ORKING LIFE)	OF WORK	OR INDUS	TRY
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1201	S. A. D. S.		TATE	136 COUNTY		13c. CITY OR TOWN	4	13d. INSIDE CITY LIMITS?	13e STREET ADD		St 3		3191
0.2	23.2 F	JA. F.	MD.			BALTI	MORE_	YES NO	1709 5	ST. PA	UL ST	r. 2.	1202
E, R	TAS SS	7	FIRST	TOV T	MIDDLE	LAST		FIRST	40	MIDDLE	Mann	LAST	
AOR	20×	16a V	VAS DECEASED EVE	R IN U.S. ARME		166. SOCIAL SECU	RITY NO.	ANNETT 17 INFORMANT	E L. OF	BERHOL ADDRESS			
AT.	URS AFTER 8. GIVE PA WITH FOR I. PAGES DIVISION	CY	ES, NO, OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATEST	218-78	5060	Geraldin			r		
-	WITH WITH		18 CAUSE OF DEA	ATH (Enter anly	ane cause per line f	ar (a), (b), and (c).)	-2000	700 Exet	er Hall	Ave.	24		ATE INTERVAL SET AND DEATH
N ST	24 HOI ONG ONG SIENE, VAL.	-	PART I DEATH	WAS CAUSED E	BY:	rowning						BETWEENON	ET AND DEATH
STO	A P S S S S S S S S S S S S S S S S S S	1	9108			AS A CONSEQUENCE	CE OF		15 3 C				
g.	WITH NCIP IRANE TRANS		Canditions, if		(b)								
3	VX3140		cause (a) station		DUE TO, OR	AS A CONSEQUENC	CE OF						
5, 20	EXECUTED ING. IN PRICAL EXAL				(c)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	A BE	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)										
REC	A AS A S A S A S A S A S A S A S A S A	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?								2D AUTOPS	va	
IAL	SHOULD ORD "PE CHIEF A FE USED / TOF HE/ URIAL, O	5	l die die die		The CONDITI	OIVIOR WINCH OF	ERATION VI	AS PERI ORMED:				1100	
N N	WENTERS.	ERT	210. EXTERNAL CA	USE WAS	21b. TIME OF		21c. He	OW INJURY OCCURRE	D LENTER NATURE OF	NJURY IN ITEM TO P	ART I OR PART	YES X	NO 🗌
ON	THE WOLD BOULD BE STAKEN		UNDERLYING CONTRIBUTING	OR CAUSE OF DE		MONTH DAY YE	EAR	bject drow					
/ISIO	ERTIFICATION OF THE STATE OF TH	MEDICAL	21d INJURY OCCU		21e PLACE O	FINJURY (ATHOME	. 211. LO	CATION					
5	MER: THIS CERTIFICATE SHOULD BE EXECUTED CATE, WRITING THE WORD "PENDING" IN FORWARDED TO THE CHIEF MEDICAL EXA OR. SHOULD BE USED AS A BURIAL. THE STATE DEPARTMENT OF HEALTH AND MAND, 21201 PRIOR TO BURIAL, CREMATION,	E	AT WORK AT	T WHILE X	bea	ORY, FARM, ETC.)		pine Beach	CITY OR T	OWN	A. A		MD
	R: THE NIE, NEW NIE, NEW NIE, NEW NIE, PART PART PART PART PART PART PART PART	10	22s. I certify tha	t I taak charae i	of the remains desc	ribed abave, held as	n Autop	sy 🛴 , Inspection	Inquir	, D 000	d in my apini	ian	
	AND WE BEEN	100	death resulted tra			Accident X	Suicide	, Hamicide .	Undetermined r		r iii iiiy apiii		
	S S S S S S S S S S S S S S S S S S S			Kart	F (10	(70()	-11	TITLE (SPECIFY)		223			
	HOUNTHE CHE	1	ACTUAL SIGNATURE	1801VD	1 4	ole A	MIN	D. Assistant	MEDICAL EXA	MINER	DATE SIGNED.	8/5/	87
	NOR SET		EXAMINER'S NAM			U		•					
	TO MEDICAL EXAMINER: THIS EXEC ITE THE CERTIFICATE, WRR PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTE DEATH, WITH THE STATE BALL MORE, MARYLAND, 2120		(TYPE OR PRINT)	M		olle, Jr,			Penn St.		Balto.	MD.	
	EDSE49	23o.B	URIAL, CREMATION	REMOVAL 236	DATE	23c NAME OF	CEMETERY O	R CREMATORY	23d. LOCATION		COUNTY		STATE
07/84 25M	BP	24 F	Removal UNERAL DIRECTOR		8-12-87			250 DATE D	REC'D. BY REGISTR	AR 75h REGIS	STRAR'S SIG	NATIFIE	
	DHMH - 17 (VR A15 ME (5))		NAME		ADDRESS	D-11	24.3	AUG 1	8 1987	, , , , , , , , , , , , , , , , ,	riden. K	1 .	
	(1 5	tate Ana	tomy F	Card	Ralto	Md						

1881 R 1904

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALMYGIENE 26 DATE KNOWN CTYPE DEPEND DEATH MATED LISA DOVE I.SEX 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR 2d HOUR IF UNDER 24 HRS 2c DATE MONTH LAST BIRTHDAY) YEAR PRONOUNCED Eemale. 70 8-23-87 19 BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Anne Arundel County USA Maryland WIDOWED [DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Harwood Anne Arundel General Hospital Student ALLAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) LUS COUNTY 13d. INSIDE CITY FIMITS? 130 STREET ADDRESS 13c. CITY OR TOWN Dunkirk Calvert 12451 Vanous Rd. 20754 Md NO X A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Fortune Barbara Ann Frank Dove WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 217-04-8410 Frank J. Dove same as #13 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). APPROXIMATE INTERVAL IMMEDIATE CAUSE (a) Neck injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO T DED TO THE CH E 3 SHOULD BE U DEPARTMENT C I PRIOR TO BUR 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR driver of an auto/auto head-on collision CONTRIBUTING CAUSE OF DEATH 11:37 8-22-870 TIE PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED IL LOCATION STREET FACTORY, FARM, ETC.) WHILE NOT WHILE Northbound Rt. 20 Mary's MtRd. Harwood, Mat. Autopsy X 220. I certify that I taak charge of the remains described above, held an Inspection L ond in my opinion Accident X Natural causes Suicide death resulted fram: Hamicide ______ Undetermined manner **ACTUAL** PAGE 4 SHOU TO FUNERAL O AFTER DEATH, BALTIMORE, M DATE 8-24-87 Assistant EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn STreet TYPE OR PRINT ADDRESS 730. BURIAL, CREMATION, REMOVAL 736 DATE 73r NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Mem. Gardens Dunkirk 8/26/87 So. Md Calvert Md. 07/84 Burial 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 Hardesty Funeral Home, 12 Ridgely Ave (VR A15 ME (5))

Annapolis 21401

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•	r death. Pa	funeral di	d or on
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pa etoined by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the different significant and completely filled in by the funerand should be detached for use as the burial-transit permit. Then please random anomarpers. Pages 1 and 2 should be filled within 72 havin the State Dept of Health and Mental Hygiene prior to burial, cremitioner ranged.	MPORTANT: If Hen 21 is marked or Hen 18 shows any injury, or other than matter at the medical examine provides he helffed grown
DIVISION OF VITAL RE	O HOSPITAL OR ATTENDING PHYSICIAN: The la etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit persuit the State Dept of Health and Mental Hygiene p	MPORTANT: If Hem 21 is marked at Hem 18 shaws a

DHMH - 16 60M 7/B4

(VRA 15, 4)

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL

Burial

SEP

page 3

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FOR STATE REGISTRAR			STATE OF MARYLAND T OF HEALTH AND MENT ERTIFICATE OF DEAT		REG. N	2	8 5	EDT	
TOECEASED NAME FIRST	F	D	UANE		OF DEATH	MONTH DA	10	126 AM	
Female	4 RACE Whit		DATE OF BIRTH	EAR	(IN YEARS LAST BIR		UNDER 24 HRS.		
Maryland		CITIZEN OF WHAT COUNTRY?			9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY				
GLEN BURNIE		OSPITAL, NURSING H	OME OR OTHER INSTITUT	ION 12a USL	JAL OCCUPATI WORK FOR MOST O Utician		126 KIND OF B INDUSTRY, Beauty	USINESS OR	
USUAL RESIDENCE (IF NURSING HOME 130. STATE 135 CO Maryland Bal		GIVE RESIDENCE BEFORE ADM 136. CITY OR TOWN Baltimore	134 INSIDE CITY LI	MITS? 13.STRE	et address 04 Veri	zip code nont Av	enue 21	227	
John	WIDDLE	ANDOY. LASTOONL		DEN NAME					
(YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	219-18-19		An	addre na May		Same as	13e	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(b) DUE TO, OR (c)	AS A CONSEQUENCE	E OF	HE TERMIN AL DIS	EASE OR CON	DITION GIVEN	N IN PART Ita		
190 DATE OF OPER ON 17N 1710, ACCIDENT WAS UNDERLYING	196 CONDIT	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO			DEATH?	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMI	Jeann .	MONTH DAY	YEAR	OCCURRED (ENT		RY IN ITEM 18 PAR	T I OR PART 2)		
OR CONTRIBUTING CAUSE OF I		21e PLACE OF INJURY (ATHOME, STREET FACTORY OFFICE, FARM, ETC.)			CITY OF TOWN		COUNTY STATE		
270.1 certify that (I) (this has sow the deceased alive above, (I) (we) distributed 270. SIGNATURE	on	19 8	DE GREE ATTEN PHYS	apinion death occ					
SANG C. DO		1	GLEN BURNIE, MARYLAND 21061						

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto Md

9/2/87

23c NAME OF CEMETERY OR CREMATORY

Glen Haven Mem Park

Glen Burnie A.A. 250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE SEPO 2 1087 STATE

Md

23d LOCATION

CITY OR TOWN

NG CONTRACTOR OF THE STATE OF T

572100

DOLG

AND SURE SURE

THE PERSON ASSESSMENT OF STREET

DEPEND VELSE

the The Thirty or the

SEP02

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

A P DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

063919

REGISTRAR

1. DECEASED NAME

CTYPE OR PRINTS

23c NAME OF CEMETERY

236. DATE

RAR 75h REGISTRAR'S SIGNATURE

REG. NO

MONTH

7h HOUR

175 KIND OF BUSINESS OR

NO T

__ that (I) (we) last

27L DATE SIGNED

STATE

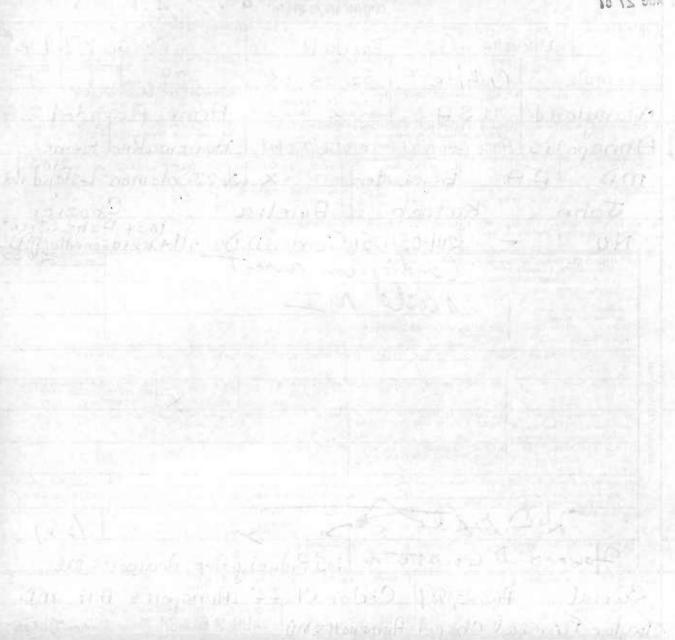
COUNTY

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

20 DATE OF DEATH



Taylor Funeral Chapel- Honapolis, MD

063916 AU

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND 3 5 5 2 1 DEPARTMENT OF HEALTH AND MENTAL HY GENE

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
AUG 2 6 1987 Julia Deviden Rudes

1.	FOR	DEPA	RTMENT OF HEALTH AND		NE / 2	8 5 5	
G'2	7:67TRAR		CERTIFICATE OF	DEATH	REG. NO.	IS US MULTIN	
	CEASED NAME PROT	#IDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
(1)46	CEMENTS Elvi	ina m	Fokata	in	9,00	21.1987 "	
1.5EX	- IV	4. RACE	5. DATE OF BIRTH	11)	AGE (IN YEARS LAST BIRTHD Y	IF UNDER TYEAR IF UNDER 24 HRS	
1 011	1	1	MONTH DAY	YEAR	41	MONTHS DAYS HOURS MIN.	
	remale	White	July 5,	1911	YRS.		
7s. Bit	RTHPLACE (STATE OF FORLOW	76. CITIZEN OF WHAT COUNT	MARRIED NEVEL	R MARRIED	BALTIMORE CITY OR COUNT	TY OF DEATH	
1	Italu	LISA		DIVORCED	Hone Ar	undel MD.	
10. C	TY OR TOWN OF CHATH	11. NAME OF HOSPITAL, NUE		ISTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR	
A	nnapolis	Annapolis Co	pralescent	Center	Rel Secretary		
4507	AL RESIDENCE IN HUNSING HOME	OTHER INSTITUTION, GIVE RESIDENCE BE	EFORE ADMISSION)			2111.20	
13a S	MATE IN COL		DOILS YES X	CITY LIMITS?	3. STREET ADDRESS / ZIP COI	1	
14. FA	THER'S NAME	17 Itinna		R'S MAIDEN NAM		IL COULT	
	DL" 1. 1	MIDDLE CAST	11:	FIRST	MIDDLE'	LAST	
Tan. M	VAS DECEASED EVER IN U.S. A	RMED FORCEST 186 SOCIAL S	ECURITY NO. 17 INFORA	AANT	ADDRESS		
		WE WAR OR DATES)		110	10 11+	Same as	
	110	D.14-1	2-2238 Car	roll la	ul Echsiein	- #13	
	PART I. DEATH WAS CAUS	only one course per line for (a), (b)	, and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		ATE CAUSE (a) They	moura			1 week	
	2000	DUE TO, OR AS ACONSE	COLLENCE DE A //		1/		
	Conditions, if any, which	Years					
	gave rise to immediate	/					
	cause in stating the DHE TO, OR AS A CONSEQUENCE OF						
	DATE OF THE PROPERTY OF THE PARTY OF THE PAR	(c)	10.00.111.0111.10101.11		predict on coupling.	N/5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
z	Ma 11 Mes	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATE	ED TO THE TOMIN	NAL DISPASE OR CONDITION G	O - CO	
T S	Mariver	- Spor	TICH OPERATION WAS PER	C KC.	200 AUTOPSY? 70b. IF Y	ES, WERE FINDINGS USED	
Di.	Ne DATE OF OPERATION	196. CONDITION FOR WH	TICH OPERATION WAS PERI	OKMED		TIFYING CAUSES OF DEATH?	
CERTIFICATION		75 No. 70 Table				YES NO	
	OF CONTRIBUTING CAUSE OF O	LUCIUS A AL ALCAITU	DAY YEAR 216. HOW	INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM II	3 PART I OR PART 2)	
3	THE FILLER HOLEN WED CAT EXYMPT	Control of the Contro	19		0		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCA	TION	ZITT OR TOWN	EDUNTY STATE	
5	WHILE NOT WHILE AT WORK	A STREET, PACTORT, OFF	1270		6	+	
		pital) avended the discouled for	om	. 19	to Illew	19, that (II (aum) last	
	law the deceased alive a	on_ 8/20/5/1	9 und that in (m	y) Low Tapinian de	eath occurred on the date and h	our and from the causes stated	
	70. SIGMATURE	Tat) view the bady after death.	DEGREE			771. DATE SIGNED	
	10 VOA 1	011.01.1	(1)	ATTENDING A	MEDICAL STAFF	8211100	
	22d./PHYSICIAN'S NAME (TYPE	Many	22e ADDR	PHYSICIAN A	DIRECTOR PHYSICIAN	192410	
	O SOO C	1	100 a	233		1. 1.	
	LEICK F.	16RKO4W	1833	trest	dr. Hungou	ly ma, 2/40/	
23a. E	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c NAME OF CEMETERY O	R CREMATORY	23d. LOCATION	J'OUNTY CLATE	
	Burial	Aug. 25, 1987	Cedar H	11:1	Surtland	PG mil	
74. je	NERAL DIRECTOR		2.2.2.	25a. DATE	REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE/
CERTIFICATE OF DEATH

1	2	-	8	5	4	
	REG. N	0.			1	
ATE OF	DEATH	MONTH	DAY	YEAR	2b. HC	DUR
	A	LG. 1	, 19	87		М
GE (INY	EARS LAST BIF		IF UN	DERIY	AR IF UND	ER 24 HRS
	3		MONT	HS DA	TS HOUR	MIN.

	Ruth	Elizabeth	Earl	Au	m 1891,1.2
1: SE	X		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	7
1	Female	White D	mec. 29.19.37	49	YRS.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	ARRIED NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DEATH
C	nnecticut	1100	OWED DIVORCED	Anne	. Arundel MD.
₹ø. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO		126 USUAL OCCUPATION	
10	Innapolis	660 American	ia Dr. A.148	Secreto	ery State of Maryle
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	710 CODE 21443
1	no la	A. Annapolis		10. / A ()	ncana Drive
ILE	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	1257
	Andrew	Schmitt	Fithel	MIDDLE	Burgess
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY N	NO. 17 INFORMANT	ADDRE	
	YES, NO DRIVAKNOWN) (IF TES GIV	215.34.65	18 Kenneth 1	S. Earl	#13
	18 CAUSE OF DEATH (Enter an	ly ane cause per lige for (a) () and ()	1/01	-1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a) 9400000	na Multe	forme	
		DUE TO, OR AS A CONSEQUENCE	OF /		
	Canditions, if any, which	((b)			
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE	O.F.		
	underlying cause last	DOE TO, OK AS A CONSEGUENCE	OF		
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVEN IN PART 1/a
Z O					
18	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
CERTIFICATION				YES TO NOTE	IN CERTIFYING CAUSES OF DEATH?
18	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 16 PART 1 OR PART 2)
4	OR CONTRIBUTING CAUSE OF DEA		19		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		
×	WHILE I HOT WHILE I	(AT HOME, STREET, FACTORY, OFFICE, FARM, ET	C) STREET	CITY OR TOV	VN COUNTY STATE
12		tall attended the deceased fram	12 11 pm 1087	to 12/21	1987, that the Wilast
	saw the deceased aluvan		_, and that in (my) (our opinian	death accurred an the da	te and have and from the causes stated
	77k SIGNATURE	t) view the body http: death.	DEGREE		221. DATE SIGNED
	1 1000	Parus 9	ATTENDING PHYSICIAN I	A DIRECTOR T PHYSIC	
1	274 PHYSICIAN'S NAME LUNE O		77+ ADDRESS	M. Schender P. J. Lander	1200
	T	RYDIA	The same of the		0

33a BURIAL CREMATION, REMOVAL

THE NAME OF CEMETERY OR CREMATORY
CEDAT HOL

DHMH - 16 60M 7/84

AUG -3187 STATE REGISTRAR

Hor Taneral Chapel-Honopolis MD

250 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 0 0 287

(VRA 15, 4)

IRPALANA Inst Wedney J. Held PH PERSONAL STREET SECOND Labricatt eggs - Contrained Endroust white year of a road Still A Manning of and entroporal Summer state and that I have been supported to the Exemple Landing thoughts werbold Ein dand a Managar Bicada die. + 100 Gutter House Hatty and The state of the s Greaten Pag 2187 Cetter M.H. Satten P. B. Hontomero AND BOOK TO THE TOTAL BOOK OF THE MED AND THE TOTAL TO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

REG. NO.

		CEASED NAME	FIRST		MIDDLE	~ LA	ST	5 53	20. DATE OF DEATH	MONTH O	AY YEAR	26 HOUR
	Sell			non		Caston				82	8 87	950 pm
	3. SE	X	1	RACE		5. DATE O	BIRTH	VEAD	6 AGE (IN YEARS LAST BIR		ONTHS DATE	IF UNDER 24 HRS
		male		Bla	ck	7	02	82	85	YRS		
20		RTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MARRIED	XX VEVER MAR	RIED 🗆	9 BALTIMORE CITY	R COUNTY	OF DEATH	,
Ci		MARYLAND		U.S.		WIDOWE	DIVOR	CED	Anne	Ar	und	e MD
3	10.5	TY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		ROTHER INSTITU	TION	120 USUAL OCCUPAT			F BUSINESS OR
8	0	agewat	er	Pleas		Ving	Conv. (tr	FARMER			
35	13a. S	AL RESIDENCE (IF NUR. STATE CYLAN D	13b. COUNT	Υ	13c. CITY OR TOW HARWOOI	N 1	13d. INSIDE CITY YES NO	LIMITS?	13. STREET ADDRESS P.O. BOX		20	776
1×	14. F	ATHER'S NAME	Α.	IOOLE	LAST		15 MOTHER'S MA		AE MIDDLE		LAS	
*(0)		FRANK				KNOWN		LAS				
0 /	16a V	VAS DECEASED EVER		ED FORCES?	166. SOCIAL SECU		17 INFORMANT		ADDR			
1/		NO			212-32-9	9360	O MARY EASTON P.O. BOX 73, Har				wood, N	Md. 2077
-		18 CAUSE OF DEAT	H (Enter only	ane couse per	line for (a), (b), one	d (c1,)					BETWEEN	MATE INTERVAL ONSET AND DEATH
1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ELECTRO LUTT DUTILE DAYS ?										
10				DUE TO, O	R AS A CONSEQUE	NCE OF						
- Contract		Conditions, if any		(b)_	CITI							
, de	gave rise to immediate cause (a), stating the underlying cause last.											
0 0				((c)_	SIP	MI					1 -	
60	z	PART 2 OTHER SIG	0			DEATH BUT	OT RELATED TO	THE TERMI	INAL DISEASE OR CON	IDITION GIVE	N IN PART II	0
100	AT P	190 DATE OF OPERATION 196 COND			ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20h IF YES	WERE FINDIN	VGC LISED	
7	CERTIFICATION		83	1	15-43	O'EMATIO.			YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
29		21a. ACCIDENT WAS UN		HOUR A.		AY YEAR	21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	R1 OR PART 2)	
1/	MEDICAL	(IF EITHER NOTIFY MEDI	(CALEXAMINER)	Ρ.		19						
o D	A B	21d INJURY OCCUR		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC }	211 LOCATION STREET		CITY OR TO	NWO	COUNTY	STATE
O C		AT WORK AT WO	ORK			-		F7 5	G			
2		220-1 certify that (1) sow the deceas		E - 1	/	F7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 4	eath occurred on the d	, 1	9 7	that (we) lost
6		above (1) we) (1	did) (aid nat)) opinian d	leain occurred on the a	ote ond nour		
ž.		ZZE. SIGNATURE	2/		M	L	EGREE ATTE	NDING	MEDICAL STA	FF _	22c. DATE	SIGNED
Ž-	-	22d. PHYSICIAN'S N.	AAAE IIVOE OO	00/10/2					MEDICAL STA			
MPORTANI		ZZU. FTTT SICIAIN STN.	AITTE (ITTE OR	PRINCE			TEC MODILESS		day Court, Su			
₹ F	22- 6	BURIAL, CREMATION,	PEMOVAL	23b. DATE	122. 4	LAME OF C	METERY OR CREA	Anne	FIZE TOCKTION 2	401		
		SURIAL BURIAL	REMOVAL	9-2-19					CITY OR TOWN		COUNTY	STATE
	24. FI	UNERAL DIRECTOR	Anı	napolis	. Ed. 214	101	N CHURCH	25 DATE	Lothian RECOTBY REGISTRAR 1087	25h REGISTR	A. Mar	ryl and
7/84	WI	LLTAM REES	SE & S	ONS MOR	RTUARY P	.A.		SEF	8-1987	Julia ,	Divideon:	Randales

DHMH - 16 60M 7.

(VRA 15, 4)

Should be detecting with the State Dept of He

TO HOSPITAL OF

retained by the

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE

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062	480 AUG	1	FOR STATE DEGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HEG CERTIFICATE OF DEATH	REGINO.	3 0
002	e e e e e e e e e e e e e e e e e e e	1. DE	CEÁSED NAME FIRST CORPRINT) Franci	is Joseph	Elligson	August 8,	1987 1: 15mm
	ge 4 may ector, pag rs after de	3 SE	x Male	4.RACE Caucasion	5. DATE OF BIRTH 1011-15-1910EAR	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
0	Jeath. Pag		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Arundel	L Co. MD.
201	by the	S	ortownordeath everna Park	6.03 in abrilling cinternet		120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Engineer	industry Government
AND 213	filled in fould be	13a M	aryland A.A.	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY Co. Severna	Parkyes No B	13. STREET ADDRESS / ZIP CODE Tree	e Dr. 21146
MARYL	ampletely odd 2 s		ATHER'S NAME August	Elligson Elligson	15 MOTHER'S MAIDEN NA Anna	MIDDLE Star	claliff
BALTIMORE,	n and commedical		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU VE WAR OR GATES) 218-05-		ADDR 19 Arr Reinold Burlir	nold Terrace
W. PRESTON ST., BAL	by the attending physici by the attending physici ase remave carbanpaper i, cremation, as remaval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		Disease,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECORDS, 201	law requires the state of the s	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 206 IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
DIVISION OF VITAL	HYSICIAN: The ding physician is certificate ha burial-transit promoter in them 18 shown or the 18 shown	WEDICAL CERTII	210. ACCIDENT WAS UNDERTYING OR CONTRIBUTING CASE OF DE CITHER NOTIFY MEDICAL EXAMINE THE LITTLE THE CONTRIBUTION OF CURRED	ATH HOUR A.M. MONTH DA	Y YEAR 19 1216 LOCATION	YES NO YES	TIORPARIZ)
DIVISIO	ENDING PL of ar attenth DR: After th r use as the I Health and is marked o	ME	WHILE NOT WAILE 220.1 certify that II.	IAT HOME STREET, FACTORY OFFICE, F	ARM, ETC STREET	City OR TOWN to	county STATE
•	TAL OR ATT yy the haspit RAL DIRECTO detached fa tate Dept. of		Cruolal.	Wexaurer	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224, DATE SIGNED 87
	O HOSPITAL etained by th TO FUNERAL should be det with the State			exander M.D.		tchie Hwy. Arno	old,Md.21012
	BP		BURIAL, CREMATION, REMOVAL BURIAL	8-12-1987	Parkwood Cem.	Parkville, F	COUNTY STATE
	DHMH - 16 60M 7/B4 (VRA 15, 4)	8. E		T S. BARRANCO PARK MD 2114	ALIC	1 2 1987 Air Dins	AR'S SIGNATURE

ROBERT S BARRANGO SEVERNA PARK MD 21145

AUG 12 1987 / in Colored Land

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL OGIENE

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162	80	8 AL	G1	FOR TAST, RAR		DEPART		ICATE OF DEATH	REG. N	10.	2	1
				CEASED NAME FIRST		MIDDLE		AST .	20. DATE OF DEATH	MONTH DAY		2b HOUR
0	poge 3		(ITP)	NAN	CY I	LOUISE	ELLI	OTT		8 10	87	3 AM
moy	o b	7	3. SE		4 RACE		S. DATE O		6 AGE (IN YEARS LAST BI		UNDER 1 YEAR	
4 4	s oft	ナ	F	emale	Whit	е	Mar		54	YRS	NIHS DAYS	HOURS MIN.
P o	hou	المر وا	7a. B	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN O	WHAT COUNTRY	? 8.	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY O	FDEATH	
e e e	nero n 72	50	M	aryland	U.S.	Α.	WIDOW	_	Anne Ar	undel		MD.
ě	with	P	10. C	TY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
s of	by th	5	A	nnapolis	Anne	Arundel		eral Hospit			-	pital
hau	be f	ag P	USU.	AL RESIDENCE (# NURSING HOME CITATE 136 COL	OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEFO		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	21	401
24		disput-	M		A.	Annapo		YES NO	24 Jeffe:		lace	
i pi	2 sh	aine /	14. FA	THER'S NAME	WIDDLE	LAST	7-1-1	15. MOTHER'S MAIDEN NA	ME		IA	151
P	omple of de	xound l	В	enjamin		Elliott		Reba			xton	
Kecut	ses ges	edicol	16a. \	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	ESS Sam	e as	
0	on and or Pages	me		res. NO OR UNKNOWN) (IF YES, G		214-30	-3690	Shirley 1	Fuller	#1		
9	hysicio sopers aval.	t, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse p	er line for (a), (b), a	nd (c).1	^		17.	BETWEEN	I ONSET AND DEATH
certifica	en en	or rem	-		ATE CAUSE (o)_	LYM	otin n	MA				
4	corb				DUE TO,	OR AS A CONSEQU	JENCE OF					
oeo	the offer remove emotion	mount	2	Conditions, if ony, which	((b)_	MATERIAL						
幸	the	ier in		gave rise to immediate cause (a), stating the	DUE TO,	OR AS A CONSEQU	JENCE OF					
Thot	<u>0</u> <u>0</u> 0	or oth		underlying couse lost	(c)_		-5-4				1	
quires	signed hen pl	ıjury, a	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN	N IN PART 1	0
9	been prior	ony ir	CERTIFICATION	19a DATE OF OPERATION	19b. CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, V		
o		Shows	띮						YES NO NO	YES		S OF DEATH?
4: Th	5 50	8 Sh	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		21c HOW INJURY OCCUR				
Phy	al-tr	Hem 1		OR CONTRIBUTING CAUSE OF D	LAINT .	A.M. MONTH (P.M.	DAY YEAR	1				
4YSI4	Bur	or He	MEDICAL	21d. INJURY OCCURRED	21e PLAC	E OF INJURY		211 LOCATION			COUNTY	
S P	the and	orked	W	WHILE NOT WHILE AT WORK	(AT HOME,	STREET, FACTORY, OFFICE	, FARM, ETC)	STREET	CITY OR TO	JWN	COUNTY	STATE
Z ö	Afte of th	a a		22a.1 certify that (1) (this has	pital) attended	the deceased from	19	8 5	10 8/10/87	, 15	?	that (D (we) lost
TEN To	OF He	21 15		yow the deceased alver-	8/3/	17 19		nd that ir (my) (our) opinion	death occurred on the o	late and hour c		
A A T A P A P A P A P A P A P A P A P A	DIRECT Sched f	E		776 SACHATERE A	pt cathe boo	ly after death.		DEGREE			22c DATE	E SIGNED
\$ 0 s	+ E 61	+		Stark 111	attain	in in	mo	ATTENDING	MEDICAL STA	FF CIANIT	8/1	(6/0
PITA	111 01 10	Z	7	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	01 0		22e ADDRESS	O DIRECTOR PHISP	CIAIA		
HOS	should be	MPORTANT	100	5, 1: /1/	4T111	NS	MD	51 Frankli	n C+ A	anali	n M1	0
TO HO	Shoot story	₹	730	BURIAL, CREMATION, REMOVA	L 23b. DATE	22.		51 Frankli	23d LOCATION	1apo11	S. PH)
DI				SPECIFY)					CITY OR TOWN		COUNTY	STATE
BF		-	74. F	Burial UNERAL DIRECTOR	aug.	12,1987	Ged	ar Bluff	Annapol:	S A	A P'S SIMA	MD
	H - 16 60M			ylor Funeral	Chane	Anna	poli	MD ALIG	1 3 4007	ta lavid	Day of the	1

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HAGIENE
CERTIFICATE OF DEATH	0 ,

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063537 AUG	24	FOR TATE REGISTRAR		DEPARTA		EALTH AND MENTAL HE	GIENE 2 1 3	5 8
		CEASED NAME FIRST.	N	NIDDLE	ı	AST	20 DATE OF DEATH MONTH _ 9A	Y YEAR 26 HOUR
depth depth		UD/2	. /	eter	EIR	alert	9/1	9/87 11:40%
ou od	3. SE	X	4 RACE		5. DATE	F BIRTH		FUNDER TYEAR IF UNDER 24 HRS
rector.		Male	Caucas		12	- 22 - 13	73 YRS.	ONTHS DATS HOURS MIN.
og ip od	7a B	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
n 72		New York	United	States	WIDOWE	3.7	Anne Arundel Cou	inty, MD
The fu	10 C	ITY OR TOWN OF DEATH	LIF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
20 20 20 20		Arnold		ndel Driv			Mechanical Engin.	U.S. GOVE.
ND 21:	-13a.	AL RESIDENCE (IF NUTSING HOME OR STATE 136. COUN Marsh	1TY	GIVE RESIDENCE BEFORE 131. CITY OR TOW Gunters	N	13d. INSIDE CITY LIMITS?	Route 1 Box 414	35976
TIA sho	_	ATHER'S NAME	IGIL I	C		15 MOTHER'S MAIDEN NA		
A wind	-		MIDDLE	Engle	rt	Helen	WIDDLE	Dewling
S o o o	160 \	George WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT	3501°Misty Cr	
IMOR n ond Poge			E WAR OR DATES)	104-05-8		John P. Engle	-	41018
SALT STEE E		18 CAUSE OF DEATH (Enter on	ly ane cause per	line far (a), (b), and	d (c).1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T. iffice		PART I. DEATH WAS CAUSE	D BY: 'E CAUSE (a)	Ca	VCIUC	ma of gal	16 Gadder	10 MOS
NO SO				AS A CONSEQUE		7		
death death		Canditians, if any, which	(b)_	AS A CONSEGUE				
B		gove rise to immediate cause (a), stating the		R AS A CONSEQUE	NCE OF			
W hot ose oth		underlying cause last.	(6)	AS A CONSEQUE				
, 20 gned n ple burio 'Y, or		PART 2 OTHER SIGNIFICANT O		INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	V IN PART 1 a
RDS equi	0							
been s rmit. The prior to ony init	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
AL R	E						YES NO YES	
VIT Nysic rons Hyg	Ü	210. ACCIDENT WAS UNDERLYING	1 1 1 1 1 1 1 1	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF JURY IN ITEM TO PAR	T I OR PART 2)
OF ICIA ICIA Bertiff inder	N S	OR CONTRIBUTING CAUSE OF DEA	III		19			
PHYS endin this of the bur dor h	MEDICAL	21d INJURY OCCURRED	21e. PLACE C	OF INJURY	4 D44 E1C 4 -	211. LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION NG PHYSI retribis ce os the buri th and Mer	2	AT WORK AL WORK	(AT TOME, STA	ELI, FACIONI, OFFICE, F	www.ere.	1 0 07	elia	07
TENDIN tel er OR: Af Weelfl		22a I certify that (I) (this haspi	tal) attended the	deceased from_	Ĺ	129 19 8/	, ta	, that II) (we) last
F 9 F 7 9 8		saw the deceased alive on abave (1) (we) (did) (fild na	t) view the hody	U 19 8	, ar	nd that in (my) (aur) apinian	death accurred an the date and hour	and from the causes stated
OR A boss of boss of boss of bept.		226. SIGNATURE	()	- 0		DEGREE		220 DATE SIGNED
Y the SAL D detochorte D		Stuart E.	Lecon	ull, un		PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/19/87
HOSP! Poined be ould be in the Si		Strart E.		icu, un	0	22e ADDRESS EVALLY	lin St. Aunas	odic usd
A hour than the state of the st	230					191	123d LOCATION	
GUGBP 49	130.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. 8-124-	87 Cr	estvi	EMETERY OR CREMATORY	Guntersville, 1	Marshall, ATA
DHAM 14 (OLF 7-12)	24 F	UNERAL DIRECTOR OBERT	S. BAR	RANCO		250 DA1	E REC'D. BY REGISTRAR 256 REGISTRA	ARS SIGNORDE ,
DHMH - 16 60MF7/84 (VRA 15, 4)		SEVERNA I	PARK, M	D. 2114	6	AUG	21 1987	

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
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, 201 W	
RECORDS	
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DIVISION	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAR YGIENE FOR - STATE CERTIFICATE OF DEATH EDT REGISTRAR 20 DATE OF DEATH 76 HOUR MIDDLE MONTH I. DECEASED NAME I TYPE OR PRINTS page 3 BERTHA FAIR **AUGUST** 19 1987 .005 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR 5. DATE OF BIRTH 3. SEX 4. RACE July 27, DAY 1895 PEAR White 92 Female 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE | STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ANNE ARUNDEL Maryland USA COUNTY WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Maudes Place GLEN BURNIE NORTH ARUNDEL HOSPITAL USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Dundalk 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 802 Wise Ave. 21222 Baltimore Maryland NO K YES [] 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST B. Bangs Gosnell F. Anna Benjamin ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT TYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Edward J. Gill 441 Community Road 217-18-8890 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and fc). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 RTIFICATION 0 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? riol-transit per YES [] NO YES T NO [sho this certificate 00

8-22-87

Duda-Ruck Funeral Home of Dundalk

7922 Wise Ave. Dundalk, MD 21222

Burial

24 FUNERAL DIRECTOR

NAME

AL CES	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	21c HOW INJURY OCCURRE	PART 1 OR PARE 2)				
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)	ZII LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	22a. certify that (I) (this haspital) saw the deceased alive an above, (I) (we) (did) (did nat) vi	attended the deceased from 8	, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated					
	226. SIGNATURE	Kaupmein	DEGREE ATTENDING PHYSICIAN	. MEDICAL STAFF DIRECTOR PHYSICIAN	8/20/8			
	274 PHYSICIAN'S NAME ITTE ORPR	ATENT M. D.	1220 ADDRESS	HOSPITAL DRIVE				
23a		236. DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	18-1			

Pipe Creek

CITY OF TOWN

New Windsor

250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

Carroll

Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

FUNERAL DIRECTOR.

If hem

should be deto —ift the State IMPORTANT.

AUG 2 1 1987

D293	5	UG-	FOR TAT 07 REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 6 1 CERTIFICATE OF DEATH REG. NO	
House effect death. Page 4 may be learned to the funeral director page 3 and making 72 hours after death	,	3. SEX	THPLACE (STATE OR FOREIGN OWN RY) Y OR TOWN OF DEATH L RESIDENCE IF NURSING HOME C	A RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 17. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IFART IN SUCH FACILITY OF STREET ADDRESS) OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN 13. LITY OR TOWN 13. STREET ADDRESS / ZIP CODE	PM
n certificate be executed within a diagramment of a physician and campletely fill or bappages? Pages I and 2 should be contempted.	o contract	14. FA	PART 1. DEATH WAS CAUS	ARMED FORCES? ARMED FORCES? ARMED FORCES? APPROXIMATE ADDRESS APPROXIMATE INTERPRESS APPROXIMATE	E AS 13 E E VAI 10 DE ATH
ow requires that the been signed by the mit. Then please repriant to burial, are prior to burial, are prior to burial, are to burial.	as only injury, or	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO YES NO 1	ATH?
by the hospitol or offer ERAL DIRECTOR. After the edetoched for use as the State Dept of Health and	If them 21 is morked of frem 18 s	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFETHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHITE AT WORK AT WORK 22a. I certify that (1) (this has some thin decorated of the control of	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 211 LOCATION STREET CITY OF TOWN COUNTY C	STATE (we) lost
TO HOSPITAL TO HOSPITAL TO HOSPITAL TO FUNERAL Should be del		23a B	URIAL, CREMATION, REMOVA PECIFY URIAL PERALDIRECTOR	BACCOY MD 57 FRANKLIN ST. HANAPOLIS AL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION ALL 5,198 BE LOW DATE REC'D. BY REGISTRAR 256, REGISTRAR 2	STATE 2

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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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K	0 01	REGISTRAR				CERTII	ICAIL OI DEATH	1	REG. NO	G 34 3		
		EASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DE	HINOM HTA	DAY YEAR	2b HOUR	'
	TYPE	OR PRINT	Georg	9e 1	Richard	7,7	tzsimmon:		gust 3,		1125 M	
	3. SEX	(. RACE		5 DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DATS	# UNDER 2 HRS	
	m	Ahe		White		Sept	. 26, 1903	83	YRS			
		RTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	Y OF DEATH		,
	- 4		-K	USA		WIDOWE	DIVORCED		rundel (MD.	
~	10. CIT	TY OR TOWN O	FDEATH		HOSPITAL, NURSING CHEACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OC	CUPATION R MOST OF WORKING		OF BUSINESS OR	
1	Br	cooklyn	Park		an Nursin		e		river (R		cking	
1	USUA			OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d. INSIDE CITY LIMITS?	112. STREET ADD	ORESS / ZIP COL	ne .		
2	Ма	ryland		A Co.	Glen Bur		YES NO X	11 Mar	ley Neck		21061	
r	14 FA	THER'S NAME FIRST		WIDDLE	LAST		15 MOTHER'S MAIDEN NA		NDDLE	LA	ST	
		Joseph			Fitzsim		Anna					
-		AS DECEASED	EVER IN U.S. AR	E WAR OR DATEST	166 SOCIAL SECU	RITY NO.	17 INFORMANT (Gran	nddaughte	PRESS			
		Yes	WW	II	100.09.6	566	Catherine Ke	ennedy	San	ne as 13		
H	7	IS CAUSE OF	DEATH (Enter or TH WAS CAUSE	nly one couse pe	r line for (a), (b), an	dic.)	Λ			BETWEEN	ONSET AND DEATH	
1		91'		TE CAUSE (o)	m	Joan	le seps	usl				
Ď		110		DUE TO, C	R AS A CONSEQUE	ENCE OF	. /	, ,	0	3		
		Conditions, if		(b)_	pro	My	moma -	backer	ul			
		couse (a),	stoting the	DUE TO, C	R AS CONSEQUE	ENCE OF-	1					
		underlying	couse lost.	(c)_	as	Mas	lun					
	20	PART 2 OTHER	SIGNIFICANT	COA	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE O	RECONDITION G	Con IN PART 1	enas t	
7)	ATK	19a DATE OF O	PERATION	195 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	100 AUTOPS		ES, WERE FINDS		
1	CERTIFICATION							YES N		TIFY ING CAUSES YES [NO [
-			AS UNDERLYING	110000	OF INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUI	RRED (ENTERNATURE	OF INJURY IN ITEM TO	PART I OR PART 2)		
1	CAL		Y MEDICAL EXAMINER	ALID .	.M.	19						
	MEDICAL	21d INJURY OC			OF INJURY	AGENTAGE 1	THE LOCATION	c	ITY OR TOWN	COUNTY	STATE	
	2	AT WORK	AT WORKE			1	0, 00	- 1	1	an		
1	33			17.	he deconsed from_	000	19 0.	10	morney	319	that (I) (ve) last	
0	1-2	saw the dabove, (1)	eeaased alive on	at) view the boo	after death.	0010	nd the in (hy)(our) opinior	death occurred o	n the dife and ha	our and from the	couses stated	
9		226. SIGNATUI		N	11		DEGREE ATTENDING	MEDICAL _	STAFF	221 DATE	SIGNED	
,		180	mas B.	1000	ulch	\w	PHYSICIAN	DIRECTOR [81	18	
	12	22d PHYTALIAN	I'S MAINE TYPE O	OR PRINT)	. 104		220 ADDRESS	10	- B	1 P	a Jadera	
		der	ra 1	· SK	ar Out		1 3 108 1	Tou w	i chen p	N	75	-/
	23a B	SPEC IFY]	ION REMOVAL				EMETERY OR CREMATORY	23d LOCATIO	OWN	COUNTY	Co STATE	
	24 51	Crema		Aug 6	, 1987 Se	curit	y Prosces, II		sville,		Co. Md.	-
	7-0-0	UNERAL DIRECT	Lake	ello	ADDRESS		LAII	GO 6 108	7	Dender	Roadallo	
	51	ingletor	Funera	1 Home	Glen Bur	nie,	Maryland AU	00000	11.			

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DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 0

	FOR STATE REGISTRAR	DEPAR	RETAILED OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 REG. NO.	8 0 3
7	I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYPE OR PRINT) Mary	W•	Flather	0	12 97 0.055
	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	12 - 87 8:05pm
			MONTH DAY YEAR		MONTHS DATS HOURS MIN.
1	Female	Caucasion	Dec. 26, 1901	85 YRS	
7	TO BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
1	PA PA	U.S.A.	WIDOWED DIVORCED	Tame statement	
1	Severna Park	11. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STR MORIDIAN NURSI		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING School Teache	
X	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 136 COUNTY HILL			13e STREET ADDRESS / ZIP CC 2967 West Kni	
ř,	II. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	LAST
Q	Howard	Fahnesi	tock Elizabe		Muir
ij	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
5	I YES, NO OR UNKNOWN) JIF YES, GIV	578–62	2-0777 Elizabeth	F. Myers 54 St.	Andrews Rd.
	PART I. DEATH WAS CAUSE	1-11-11-2	and Contini Va	A Fridue	BETWEEN ONSET AND DEATH
	3 88 / IMMEDIA	TE CAUSE (o)	The territories were	H & CAMPANDE	- Jane
	C. Div	DUE TO, OR AS A CONSEC	DUENCE OF / MERIALIA	- Dhamanain	3/100
	Conditions, if ony, which gave rise to immediate	(b) (V. U.V.)	arusemus auseman c	3 GIVENINO TOTAL	Super
	cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	QUENCE OF	V	0
		(c)			
		CONDITIONS CONTRIBUTING T	O DEATH BUT NOT REVATED TO THE TER	MINAL DISEASE OR CONDITION C	GIVEN IN PART IIa
_	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	TWO GC ZO NW	CH OPERATION WAS PERFORMED	LOG AUTOPSY? 1206 F	YES, WERE FINDINGS USED
1	190 DATE OF OPERATION	IPB. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH?
0	III			YES NO NO	YES NO
1	OR COLUMN DUTING CALLES OF OR		DAY YEAR 216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 7)
	JIF EITHER NOTIFY MEDICAL EXAMINES	- til	19		
1	LIFETHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f LOCATION	CITY OR TOWN	COUNTY STATE
1	WHILE NOT WHILE AT WORK	TAT TOME, STREET, FACTORY, OFFIC	E, I Anni E i C I		
1	220.1 certify that (1) (this hospi	national of the deceased from	n_511 , 19.8		, 19.8. , that (i) (we) lost
1	sow the deceased alive an	3/1/- 19	ond that in (my) (our) opinion	n death occurred of the date and h	our and from the couses stated
	27b. SIGN	ot) view the body after death.	DEGREE .	,	22¢ DATE SIGNED
	Marcant	- Mullin Iny	ATTENDING PHYSICIAN		Aug. 12, 1987
)	27d. PHYSICIAN'S NAME TYPE O	OR PRINT)	22e ADDRESS	/ DIRECTOR PHISICIAN	
	Margaret Mull			aire Shopping Ce	enter, Annap., MD
	23a BURIAL, CREMATION, REMOVAL	23b DATE 23	C NAME OF CEMETERY OR CREMATORY	73d LOCATION	
	(SPECIFY) Burial	8/17/87	Rock Creek Cem.	Wash . DC	COUNTY STATE
	24 FUNERAL DIRECTOR JOSEPH	Gawler's Sons.	Inc. 250.404	GREATOTTY 1987 AR 25 BLC	STEARST SHERTAL DATE
	NAME 5130 WI AV	e. NW Wash.	20016 A	וספו ו בטנ	

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1967 West Knight St. Fiell	х	a per de como	afili r
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ξΕ .SI .S#A			
000, , 100	reek Jem.	75/17/87	inimu
		myler's cons, inc.	•8V TV 05.68

n 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND CERTIFICATE OF D

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REG N	10		BJ.	EST

1110	63	1.3	100	
MENTAL HYGIENE	2 1	0	0	
DEATH	35		12.E	

AUG	13	FOR STATE OFFGISTRAR	DEPARTM	CERTIFICATE OF D		EÑE 2 REG. N	0.	0 7	EST
• -		CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	(IIIE	LEROY		FRANKLIN		AUGUST 10.	1987		11:12AM
	3. SE		RACE	5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	./	MAIE	15LACK	DEC 2	1899	77	YRS.	ONTHS DAYS	HOURS MIN
171	70. BI	RTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	8		BALTIMORE CITY		OF DEATH	
もり	(COUNTRY	11.5.	MARRIED NEVER M	ORCED	ANNE ARUNDI	EL COUN	TY	MD
2	10. CI	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INST		12e USUAL OCCUPAT			F BUSINESS OR
54	- 2	EN BURNIE	NORTH ARUNDEL H	OSPITAL		Rem	F WORKING LIFE)	INDUSTRY	
35	13a S	AL RESIDENCE (IF NURSING HOME OR O		YES X	NO 🗆	3. STREET ADDRESS	Pres	lnort	25+6
EN.	14.54	THER'S NAME FIRST AN	Fronklyn	15. MOTHER'S	FIRST MAI	S NIODIE		LAS	51
12		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) IF YES, GIVE	ED FORCES? 166 SOCIAL SECUL	3894 Alora	they !	ekinein.	2926	Pres	lain It
1		PART I. DEATH WAS CAUSED IMMEDIATE		- 1	my or	rest	hours a	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
1		IMMEDIATE	DUE TO, OR AS A CONSEQUE	NCE OF	0	20.	* 0		
1		Conditions, if ony, which	(b) Chasaconseous	mic 4ac	inte o	enal to	ulyre		
2 1		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
4		underlying cause last.	(c)						
nlury. o	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 10	0
Auo Smo	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	RMED	200 AUTOPSY?	206 IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
18 sh	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	21¢ HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	
1 1	¥	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19					
in in	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATIO		CITY OR TO	lawa	COUNTY	ST ATE
morked or Item	X	WHILE NOT WHILE	(AT HOME STREET FACTORY, OFFICE, FA	ARM ETC) STREET		CHYONIC	WIN	200.111	STATE
E			I) attended the deceased from		., 19	to	, 10	9	that (I) (we) last
21 is		saw the deceased alive on_ above) (1) (we) (did) (did not)	view the body alter death	ond that in (my)	(our) opinion d	leath occurred on the d	ote and hour	ond from the	couses stated
E e		226. SAGNATURE	VIEW IIIE GOOD, GITTY GEGITT	DE GREE				22c. DATE	SIGNED
± ====================================		12	- There !		PHYSICIAN	MEDICAL STA		81	10/87
17	1	224 PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRES	S	G1	en Bur	nie, M	aryland
80		DR. BASANT KHA	NDELWAL	7422 B	altimor	-Annapoli			21061
5	230	BURIAL, CREMATION, REMOVAL (SPECIFY)		MAME OF CEMETERY OR CO		23d LOCATION CITY OF TOWN	mil	COUNTY -	md.
7/84	24. F	UNERAL DIRECTOR	112 400855	- 0 + 1A	25a DATE	RECID BY REGISTRAR	256 FEGITR	ANS SIGNAT	40 lass
)	X	of survey	Home 1304	1. lenull	ac 40	U L Z TURK	0		4

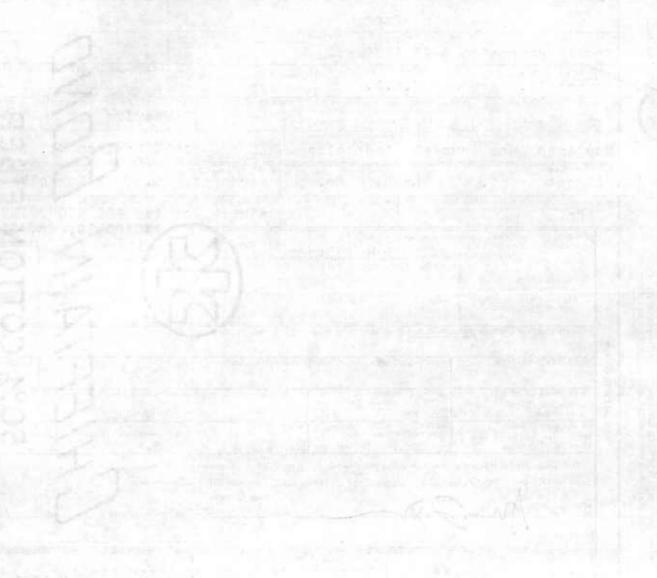
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNE AL DIRECTOR. After this certificate has been furned by though be detoched for use as the buriol-transit permit. Then them with the State Dept. of Health and Mental Hygiene prior to burial.

*** C * 5 15

STATE OF MARYLAND



injury, or other troumotic ev

IMPORTANT: If Hem 21 is marked or Item 18 shows ony

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FOR

AUG

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	1. 9	EGISTRAR				CERTIF	ICATE OF DEATH		REG. NO		., 0	0
٩	1. DEC	CEASED NAME	FIRST		MIDDLE	ı	AST	20 DATE	OF DEATH A	AONTH D	AY YEAR	2b; HOUR
I	(IIIE	OK PRINT)	Cath	erine	Marie	6	bson	Au	2. 14,	1987		M
1	3 SEX	<		4 RACE		5 DATE C		6 AGE 1	IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
ı		F		- 4		Aug		58		YRS	O. T. S.	NOOSS MIN.
1		RTHPLACE (STATE	OR FOREIGN	USA	WHAT COUNTRY?	8 MARRIEI WIDOWE	D X NEVER MARRIED	9 BALTIA	MORECITY OR		OF DEATH	MD.
1	L	ty or town of othian		(IF NOT IN SUC 5740	Brooks	Woods.	or other institution. Road	TYPE OF V	ALOCCUPATIC VORK FOR MOST OF LAEWILE			OF BUSINESS OR
-	13a S	Md	136 COUN	OTHER INSTITUTION	131. CITY OR TOW Lothian	N	13d INSIDE CITY LIMIT YES NO 🔀		Brook	ZIP CODE	ds nd/2	0711
1	1	John			3 on		Ailene	NAME	MIDDLE		Clan	.k
		VAS DECEASED ET		war or Dates)	2/3-30-		Russell F	Gibao	addres	SS		
		18 CAUSE OF DE PART I. DE AT	H WAS CAUSE	y ane cause per	line for iai, (b), an	dicui	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,		BETWEEN	MATE INTERVAL ONSET AND DEATH
	Z	Conditions, if a gave rise to couse (0), stunderlying co	immediate rating the suse last.	(b) DUE TO, OI	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO	ENCE OF	hot related to the					0
	CERTIFICATION	19a DATE OF OPE	ERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AL	JTOPSY?	IN CERTIF	, WERE FINDING CAUSES	
1		21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY)	CAUSE OF DEA	in .	M. MONTH D	AY YEAR	21c. HOW INJURY OC	CURRED (ENTE	NATURE OF INJURY	IN ITEM 18 PA	ART I OR PART 2)	
	MEDICAL	21d. INJURY OCC	URRED	21e. PLACE ((AT HOME STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET		CITY OR TOW	IN	COUNTY	STATE
		sow the dec	eased alive on.	ol) offended the	e deceased from	- 0	nd that in (my) (our) opi	5 . to_		-		that (It (we) lost causes stated
		276. SIGNATURE	let	27 8	tun		DEGREE ATTENDIN PHYSICIA		AL STAFI		274. DATE	SIGNED 17/87
		22d PHYSICIAN'	SNAME (TYPE OF	T P	e terso,	7	22e ADDRESS	Shau	- 57	. 1	n Ma	21401, polis Med
	23a. B	SURIAL, CREMATIC SPECIFY) Bur		236. DATE 8-17.			EMETERY OR CREMATO	ORY 73d LC	CATION CITY OR TOWN	AA	COUNTY	MA
	24. FL	JNERAL DIRECTO		h FH Ou	vingsporMD		6 250	DATE REC'D. B	Y REGISTRAR 2	56 REGISTI	RAR'S SIGNAT	TURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Jina Veridon-Render

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOSIENE

	- STATE REGISTRAR	CEF	RTIFICATE OF DEATH	REGINO		
	SOULASED NAME FIRST (TYPE OF PRINT) FLOREN	UCE L. GO	ORMAN	20 DATE OF DEATH MOS	2802	3 /3 M
4	Female	white 1	ATE OF BIRTH ADDITION OF THE PROPERTY OF THE		MONTHS DAYS	HOURS MIN.
5	TENNSYlvenia	WID . WID	RRIED NEVER MARRIED OWED DIVORCED	Pane f	Frunde 1	MD.
3	ANNAPOLIS	11. NAME OF HOSPITAL, NURSING HO		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	KING LIFE) LIPE KIND OF INDUSTRY	ELVICE
5	USUAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS		130 STREET ADDRESS ZIP		403
3	Thomas	martin	Cathery Cathery	MIDDLE	Cavist	on
1	THE WAS DECEASED EVER IN U.S. AN	RMED FORCES? 166 SOCIAL SECURITY N	10. 17 INFORMANT	1 Gorman-1	Yew York, N)	10018
	Condition of an which gave the to improve the course the course to improve the course the course to improve the course the course to improve the course th	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (C) DUE TO, OR AS A CONSEQUENCE (C) DUE TO, OR AS A CONSEQUENCE (C) CONDITIONS CONTRIBUTING TO DEATH	matie from	A chitiz		ATE INTERVAL SET AND DEATH
2	A COMPENSION	THE CONDITION FOR WHICH OFER	ATION WAS PERFORMED		IF YES, WERE FINDING CERTIFYING CAUSES O YES	
1	THE ACCIENT WAS UNDERSTING TO COURSE OF CONTRIBUTING TO CAUSE OF OR LIFE SHAPE HOUSE ALEXANIMATED THE INJURY OCCURRED	(R) P.M. 21s. PLACE OF INJURY	19 TH LOCATION	RED (ENTER NATURE OF INJURY IN IT		
99		pital) alter-deal the degrased from 10 view the body after death.	and that in my lour) opinion o	ecity or town	27c DATE SI	uses stated
1		MO	270 ADDRESS 2568 A	Rivard a	napoli	MD21401
	23. BURIAL CREMATION, REMOVAL 21. FUNERAL DIRECTOR Taylor Funeral	0 11100-10		E REC'D. BY REGISTRARITH #	CONTRACTOR OF THE PROPERTY OF	a PA

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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EG NO		- 130	19	-	

0644	88 5	p)	FOR STATE DEGRAR	0	PEPARTMENT OF H	EALTH AND MENTAL HYP	TENE / . 2 REG. NO.	8 6 8
	000		CEASED NAME FIRST	MIDDLE	ı	AST .	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
e e	death	(TYP	Alora	Р.	Gos	cinski	August 30,1987	8:00a A
бод	D	3. SE	x	4. RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
ge 4	rs off	1	Female	Caucasian	Febr	uary 1,1933	54 YRS	MONTHS DAYS HOURS MIN
- Pol di	2 hour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
		B	altimore, Md.	USA	WIDOWE	D DIVORCED	Anne Arundel (County
WE I	2//	1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	SIVE STREET ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
uvs m			len Burnie	<u> 1610 Jenni</u>			Manager	Retail
n 24 ho	and by				or town Burnie	13d INSIDE CITY LIMITS? YES NO X	1610 Jennings	Road 21061
	12	0	Robert		ennedy	May	ME MIDDLE	Powe11
19	10 /		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOC	IAL SECURITY NO.	17 INFORMANT	ADDRESS	
1	7点/		No No OK ONKNOWN)		30-4389	Joseph E. Go	scinski, Husband	d, same as 13
M	114		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for to	1, 1b, and ic.	Adenocae	Frema (is no	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 that		10	IMMEDIA	TE CAUSE (a)	us-corr.c	Tracella conse	2	
# 904	0.10		Conditions, if any, which	DUE TO, OR AS A CO	INSEQUENCE OF			
ne de	motic r frou		gave rise to immediate couse (a), stating the	(b)				
by th	othe		underlying cause last	DUE TO, OR AS A CO	INSEQUENCE OF			
ugned	burio ury, or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	VEN IN PART 10
w req	mit. The prior to ony inju	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	NHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IF YI	S, WERE FINDINGS USED
he lo on.	ows ows	I H		ACCURATE AND				IFYING CAUSES OF DEATH?
physical	tol Hygie	-	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON		216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
ding ding	burno Ment or Ite	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION		
G Prooffen	ond	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	Y. OFFICE FARM ETC)	STREET	CITY OR FOWN	COUNTY STATE
DIN O	s mor		22a. F certify that (1) (this hosp	ital) attended the decease	d from		, ta	, 19, that (It (we) las
pitol TOR	for to		sow the deceased alive or above, (I) (we) (did) (did no	n		d that in (my) (our) opinion	death occurred on the date and ha	ur and from the couses stated
OR A be hos	Dept Dept f Hem		226 SIGNATURE			DEGREE		224 DATE SIGNED
	. + 0		Juliael	(Ceevas	Come of		MEDICAL STAFF DIRECTOR PHYSICIAN	8 (3) (4)
HOSPITAL ned by t	d be She STAR		22d PHYSICIAN'S NAME (TYPE			22e ADDRESS		
etoine TO FU				chwartz, M.D.			s Lane, Baltimon	re, MD 21225
	., -	230	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY STATE
BP		24.5	Burial	Sept.2,1987	Glen Ha	ven Mem. Park	Glen Burnie	AA MD
	6 60M 7/84	24 1	James S. Kirkle	ey, Glen Burn	ADDRESS MD	256. DAT	EP 1 198 256 REGIS	IKAN SHOW THE

STATE OF MARYLAND 061861DAU DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO DECEASED NAME MIDDLE DATE KNOWN X (TYPE OR PRINT) OF ESTI-E FUNERAL DIRECTOR.

F FOR YOUR FILES.

W. PRESTON STREET, ROLAND FRED DEATH MATED **GROSS** 8 - 1 - 876. AGE (IN YEARS IF UNDER 1 YR. 4 RACE DATE OF BIRTH IF UNDER 24 HRS. DATE 2d HOUR 35 YRS. DAY PRONOUNCED 8-1-87 4AM DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) BAlto. DIVORCED Anne Arundel County WIDOWED ID CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Glen Burnie North Arundel Hospital 13e. STATE 13b. COUNTY 13d INSIDE CLEMENTS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRS! 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17 INFORMANT (YES, NO, OR UNKNOWN) [(IF YES, GIVE WAR OR DATES) DIVISIO 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c). APPROXIMATE INTERVAL TING THE WORD "PENDING" IN PENCIL IN TIEM 18
SED TO THE CHIEF MEDICAL EXAMINER ALONG W
3 SHOULD BE USED AS A BURIAL "TRANSIT PERMIT.
SPERATINENT OF HEALTH AND MENTAL HYGENE, D
1 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Shotgun wound of thigh IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR subject shot during an altercation TO MEDICAL EXAMINER: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING THE PART OF THE CENTRAL ARE 3 SHOUND BE THE THE THE THE SHOUND BE THE THE THE THE SHOUND BE THE THE SHOUND BE THE SHOUND BE THE SHOUND SH CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21L LOCATION 21e PLACE OF INJURY STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN WHILE AT WORK AT WORK Mt. Read&Freetown Rd. Anne Arundel Co., Md. @ a car wash 22s I certify that Clook charge of the remains de Autopsy Inspection Inquiry and in my opinion Undetermined manner 8-1-87 EXAMINER'S NAME Dennis F. Smyth, 111 Penn Street M.D. TYPE OR PRINT THE BURIAL CREMATION, REMOVAL 236 DATE IN LOCATION CONHETT 07/84 BP 25M 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17**

(VR A15 ME (5))

THE PART OF THE PA

STATE OF MARYLAND

2532 AUG 1	318	FOR STATE REGISTRAR		DEPART		CATE OF DEATH			./	d 6 topy
		CEASED NAME FIRST	-	MIDDLE	LA	ST	REG. N		YEAR	7h HOUR
y be deorh deorh		Ral	ph :	Eugene	Gru	ver		ugust 6	, 1987	,
A moy	3 SE	Male	4 RACE W	nite	S DATE O		6 AGE (IN YEARS LAST BE	RTHDAY) III	FUNDER I YEAR	IF UNDER 74 HRS
图 电直动型		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	0	□ NEVER MARRIED □	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1 36 45		Pennsylvania	US	Δ	WIDOWE		Anne Aru	ndel C	0.	AA
1 11/10	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	ADDRESS)	ROTHER INSTITUTION	170 USUAL OCCUPAT	ION OF WORKING LIFE)	12b. KIND C INDUSTRY	F BUSINESS OF
		Inthicum AL RESIDENCE (IF NURSING HOME)		Sycamore			Technicia	n	[westi	nghouse
1135	13a. S	STATE 136 COL	A co.	13c. CITY OR TOW Linthicu	/N 1	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 215. Syca		oad	21090
1 12 110	MAEA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	
1 10/24	11	Peter	MIDDLE	Gruver	27.50	Sarah	Ellen		Sm	ith
1 16/17		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17. INFORMANT (Dau	ghter) ADDR	ESS Rt 1	Box 3	0.5
1 12 1/	(IVE WAR OR DATES)	177.057		Elizabeth A.				la. 326
death certification physical properties of the physical p		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS IMMEDI. Conditions, if ony, which gove rise to immediate	ATE CAUSE (0)	DR AS A CONSEOU	ace	nerged	elde m	yerd		mate interval Onset and Death
uires that III igned t en plea burnal, cen ury, ar ciliu	z	couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	(c)_	OR AS A CONSEQUE	resi	Crotic Co	MAL DISEASE OF COM	C. all	N IN PART 10	0
request the servent of the servent o	ē			Church	sun	Mean	Mallin	e la company		
he low on.	CERTIFICATION	190 DATE OF OPERATION	196 CONE	ITION FOR WHICH	OPERATION	I WAS PERFORMED	YES NO		WERE FINDING CAUSES	
SICIAN: T ig physici certificate riof-transi ental Hygi them 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	DF INJURY .M. MONTH D .M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	H I OR PARI 2)	-
ottendir ter this is the bu h and M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
spital or Spital or CTOR: Al for use of Healt		22a.l certify that (I) this has saw the deceased alive above. (I)(we) (did) (did in	8/3	19_0	5 7, on	d that in my (aur) apinion	death accurred on the o	late and hour	and from the	that (I) we) lo causes stated
y the ho y the ho RAL DIRE detoched detoched rote Dept		276 SIGNATURE	na	()	-M		MEDICAL STA		22c DATE	7/8
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the State I IMPORTANT: If		Dr. James		amin, M.D).		Old Mill Ro ersville, M		d 21	108
5 5 7 4 3 3	23a I	BURIAL, CREMATION, REMOVA	L 23b. DATE	230	NAME OF CE	METERY OR CREMATORY	23d. LOCATION			
BP		Burial		1987 G	ate of	Heaven Cemet			COUNTY	New Je
DHMH - 16 60M 7/B4 (VRA 15, 4)	Si	ngleton Funera	1 Home	Glen Burr	nie, Ma	aryland AU	TE REC'D BY REGISTRAN	25b. REGISTR.	AR'S SIGNAT	URE MANAGER

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PYGIENE

_	REGISTRAR			REG. NO		
	CEASED NAME FIRST	in H- Gu	Lare	20. DATE OF DEATH	8 6 87	26 HOUR 105C
3 SE	male	white s DATE ON MONTH		6 AGE (IN YEARS LAST BIRTH	YRS DAYS	IF UNDER 24 H
	Maryland	MARRIE WIDOWE	DIVORCED	Anne A	rundel	
	ANNAPOLIS	1. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ANN E PROVIDED THE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATIO		st off
13e. S	STATE 136 COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ITY Annapals	YES NO	30 FMEL	ZIP CODE AUE	2140
3	James Da	niel Guare	15. MOTHER'S MAIDEN NAM	MIDDLE	Rehn	
16a V	WAS DECEASED EVER IN U.S. ARM	AND PORCES? 166 SOCIAL SECURITY NO.	Maryland 1	- Guare-	same as	
	PART I. DEATH WAS CAUSED	y one cause per line for (a), (b), and (c), BY: CAUSE (a)	Arrest		APPROXIA BETWEEN O	MATE INTERVAL
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	Iselemi La	Mir what	4	
		(c)				
NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease or cond	OITION GIVEN IN PART I 10	
TIFICATION	PART 2 OTHER SIGNIFICANT CO				20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (GS USED
CAL CERTIFICATION		196. CONDITION FOR WHICH OPERATION TIME OF INJURY		20a AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES []	GS USED OF DEATH?
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	196. CONDITION FOR WHICH OPERATIO 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES	GS USED OF DEATH? NO
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospite sow the deceosed alive on above, (1) (we) (did) (did not	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21b PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM, ETC.)	21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 nd that in (my) (our) opinion d	200 AUTOPSY? YES NOTED NOTED (ENTER NATURE OF INJURY) CITY OR TOW	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES) IN ITEM IB PART I OR PART 2) IN COUNTY 19 , te ond hour and from the co	STAT
	198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK ALWORK 220.1 certify that (1) (this hospite sow the decosed alive on above, (1) (we) (did) (did not 27b. SIGNATURE)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21b PLACE OF INJURY (AT HOME. STREET FACTORY OFFICE, FARM. ETC.) 1 ottended the deceosed from 19 1 over the body ofter death.	21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOTED NOTED (ENTER NATURE OF INJURY) CITY OR TOW	206. 4F YES, WERE FINDIN IN CERTIFYING CAUSES (YES	STATE
	198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27d.1 certify that (1) (this hospitate) 27d.1 PHYSICIAN'S NAME (TYPE OR	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21b PLACE OF INJURY (AT HOME. STREET FACTORY OFFICE, FARM. ETC.) 1 ottended the deceosed from 19 1 over the body ofter death.	21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 nd that in (my) (our) opinion d DEGREE ATTENDING	ZOG AUTOPSY? YES NOT	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate than should be detoched for use as the buriol-training per with the State Dept. of Health and Mental in yournet

062869 51457 The state of the same of the same max _ Columb _ Free first Labour H. Sort Horn Danies Branch support State and the second s total and the second of the se Endad diesgrafe Land Land Same Eller - 2 mile I breforell population The In I was determination of the first termination of the company and the Goog Lady Classes on the restall 158 17 H January CAME COMMAND LANGE DESCRIPTION OF

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etely filled in by the funeral director, page 3 should be filed within 72 hours after death

within 24 hours ofter

executed

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or ottending physician.

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending-aby should be detached for use as the burial-transit permit. Then please remove carbon paywith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov

STATE OF MARYLAND

IG 2	1 8	FOR - STATE 7 REGISTRAR	DEPART		ALTH AND MENTAL YG	REG. NO.	*
		PECEASED NAME FIRST	MIDDLE	LA.	ST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	1"	Me1	vin Carl	Gute	ermuth, Sr.	August	16,1984 6:10 M
	3 5	EX	4 RACE	5. DATE O	BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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0)	70	BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 8	NEVER MARRIED	9 BALTIMORE CITY OR COU	
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2	E	+ Heade, md.	KIMDIOUAN	ARMI	1 HOSPITAL	Planner & Est.	Power Plant
3-	US 13n	UAL RESIDENCE LIF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	
muss		1 / / -	IE Avundel Severn	VIV	YES NO	1418 EVERGYOU	
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E		22b. SIGNATURE	not view the bady after death.	D	EGREE		220 DATE SIGNED /
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Z-	+	22d. PHYSICIAN'S NAME LITYP	E OR PRINT)	,	22e ADDRESS	DIRECTOR PHYSICIAN	0/10/0/
IMPORTANT: IF							
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	230	ISPECIFY) Burial	Aug 21, 1987 A	rlingt	on Nat'l Ceme	TOTY CITY OR TOWN	COUNTY STATE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL AYGIENE CERTIFICATE OF DEATH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR

18a., 21a.-22a., G-631, 9/15/87, by Med. STATE OF MARYLAND

Taylor Funeral Chapel, Annapolis, MD

Exam., / Gbj.

24 FUNERAL DIRECTOR

DHMH - 17

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DECEASED NAME

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DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH

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(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	E	ither's name first dward	Bornho		Susanna	Me	eiler
	{Y	vas deceased ever In U.S. af (es, no prunknown) { (if yes, gi N O	VE WAR OR DATES)	74-1847	JULIA S. B		mericana Dr.
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		276. SIGNATURE	W. Kini	2	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	222 DATE SIGNED Avg 14, 1987
		CHARLES	W. KII	YZER, MI	ANNAPOL	15, MARYLAI	VP.
		SURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	ACOUNTY - A - STATE ST

DHMH - 16 60M 7/84

(VRA 15, 4)

Burial
24 FUNERAL DIRECTOR Robert E.

8-18-87 Evans 1212 West St.

AUB 1 S BB

TO HOSPITAL

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HOSIENE
CERTIFICATE OF DEATH

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	N	Male		Whit	e	MONTH			63		ONTHS DAYS	HOURS	MIN.
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1	10, C1	ITY OR TOWN OF DEA	TH			G HOME C	OR OTHER INSTITUTION	v 17	ANNE A 20 USUAL OCCUPATION	NO	126. KIND C		
H		GLEN BURN		NORT	H FACILITY, GIVE STREET	HOSP	ITAL.		TYPE OF WORK FOR MOST OF Plumber	F WORKING LIFE)	Local	# 4	8
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0		ATHER'S NAME FIRST illiam		C.	Hines		15. MOTHER'S MAIDER Mildr		WIDDLE		Ben	ton	
1		VAS DECEASED EVER I		MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT (W)	ife)	ADDRE				
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	-	UNERAL DIRECTOR	CRO.	Uns	ADDRESS		250		REC'D, BY REGISTRAR				- A
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JANUE J. HICHARDEN, L.

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be execu	Pages medica	16a V	(IF YES, GIVE	TROR DATES) 26-16-1	17. INFORMANT 1213A Katherin	em. Hoffma	
tificate	physicio in papers imaval.		PART I. DEATH WAS CAUSED	one couse per line for (a), (b), and BY: CAUSE (a)	Carebia and	though	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hat the death cer	by the attending ose remove carbo old cremation or a attention of a train of a carbo of a train of a carbo of		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	Alecholu (endrongifall	Meulles.
advires	Then pled to burio njury, ar	NO	PART 2 OTHER SIGNIFICANT CO	Melitary 1	Seath BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	I GIVEN IN PART 110
he low r	hos been it bermit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 I	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
SICIAN: 1	certificate prial-transi ental Hygi frem 18 sp	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR	RED (ENTER NATURE OF INJURY IN ITE	u TB PART I OR PART 2)
offendi	fter this os the bu h and M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F.	ARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI	for use of Health		22a I certify that (I) (this hospital saw the deceased alive on above, (I) (united) (did not	7/3	2, and that in (my) (cor) opinion	death accurred on the date and	hour and from the causes stated
AL OR A	AL DIREG detached ore Dept. T: If Item		226. SIGNATURE	Glener.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	778/87
HOSPIT.	ould be doubt the Sto		22d. PHYSICIAN'S NAME (TYPE OR	PRINT) HUNPH	22e ADDRESS	SIECH NOTE) MN 21146
O to	D 4 3 3 4	22. 6	HIDIAL CREMATION REMOVAL		TAME OF CEMETERY OR CREATATORY	Tasa LOCATION	

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial Hug 1, 178 1 24 FUNERAL DIRECTOR Taylor Funeral Chapel Annapolis, MU

EVEN GAEEN 231. NAME OF CEMETERY OR CREMATORY

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250 DATE REC D BY REGISTRAR 235 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE/ CERTIFICATE OF DEATH

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	CEASED NAME FIRST		MIDDLE	L	AST	20	DATE OF DEATH	MONTH [DAY YEAR	26 HOUR	
(ITP	CATHERIA	VE MAF	RIE	HOLI	LAND		AUGUST	8	. 1987	250	AM
3. SE	X	4. RACE		S. DATE O		6	AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 2	
	Female	Whit	е	Janu	ary 14 191	19	68	YRS	MONTHS! DAYS	HOURS	MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9	BALTIMORE CITY O		OF DEATH	1	
M	faryland	U.	S.A.	WIDOWE	D NEVER MARRIED		ANNE A	DIMINE	L COUN	v	445
	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	1 12	USUAL OCCUPATION	ON	17h KIND C		S OR
1	GLEN BURNIE		H FACILITY, GIVE STREET H ARUNDE		PITAL	(type of work for most of housewife	F WORKING LIFE	Home	Make	r
	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)							_
	ryland ==		Baltimo	re	13d INSIDE CITY LIMIT	IS? 13	420 S. G	ilmore	Stree	t 212	23
14. F.	ATHER'S NAME				15. MOTHER'S MAIDER	NAME					
1	Thomas	MIDDLE	McMan	us	Ali	ce	MIDDLE		Y	oe	
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORMANT		ADDRE	SS		1207	
1	YES NOOR UNKNOWN) (IF YES (GIVE WAR OR DATES)	215-01-	7274	John T.	Hol1	and 5914	Carro	oll St		Md
	18 CAUSE OF DEATH (Enter	only one course per								MATE INTERV	
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	4004	ior	espirater	> (arrest		DE TWEETER	ON SET AND C	
	IMMEDI				7						
	Canditions, if any, which	DUE 10, 0	R AS A CONSEQUE	NCE OF	Vy occadid	e &	n fer cha				
	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
	underlying cause last.	underlying cause last.									
1/	PART 2 OTHER SIGNIFICANT	(c)	SAUTDINI ITIALC TO	DE ATH BUT	NOT BELATED TO THE	TE DAA IN I	AL DISEASE OR CONI	DITION CIV	ENLINI DADT 1.		=
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CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		, WERE FINDI		
문							YES T NOT		YING CAUSES	OF DEATH	1?
ER	210. ACCIDENT WAS UNDERLYING	21b TIME C	F INJURY		21c HOW INJURY OC	CURRED	ENTER NATURE OF INJUS				
	OR CONTRIBUTING CAUSE OF D	EATH	M. MONTH D								
WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	_	M. OF INJURY	19	211 LOCATION			_		412	
ME	WHILE NO! WHILE		REET, FACTORY, OFFICE, F	ARM ETC	STREET		CITY OR TO	WN	COUNTY	51	ATE
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	saw the deceased alive of	nn .	19		nd that in (my) (aur) api	inian dec	th accurred an the do			that (w	
	abave_(l) (we) (did) (did	nat) view the bady	after death.		DEGREE				22c_DATE		
	16.	1	1. e	AAV	ATTENDIN	VG	MEDICAL STAF	F	01	1 AC	7
1	224 PHYSICIAN'S NAME (TYPE	ow		100	PHYSICIA 122e ADDRESS	AN A	DIRECTOR PHYSIC	IAN	101	1018	
	ZZE. PHISICIANS NAME (IVE	CK PRINT)			ZZE ADDRESS	742	2 BALTIMOR	RE-ANN	APOLIS	BLVD	
_	BASANT K.	KHANDELI			GLEN			ND 2	1061		
	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATO		23d LOCATION CITY OR TOWN		COUNTY	51.	ATE
	Burial	8/11	./87	Jen F	Haven Mem P		Glen Bu	mie	A.A.	M	d
	UNERAL DIRECTOR	1,007 5	ADDR664			DATE R	REC'D. BY REGISTRAR	25 REGIST	RAB'SSIGNA	Pendae	A.
	George J. Gonce	9 4001 Ri	tchie Hg	wy Bal	Lto Md	406	10 1987	9	harrage.		

DHMH - 16 60M 7/84 (VRA 15, 4)

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				CEASED NAME FI	RST	MIDDIE	ı	AST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
9	page 3		, , , ,	FARI.	n		HOOD			AUGUST	16	1987	6.06 PM
90%	0 0		3. SE		4 RACE		S. DATE C			6. AGE (IN YEARS LAST BE	RTHDAY)	FUNDER YEAR	IF UNDER 24 HRS
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Pog	dire	57		RTHPLACE (STATE OR FOREN		WHAT COUNTRY?	8			9. BALTIMORE CITY (OR COUNTY	OF DEATH	-
death.	72	8		Baltimore	USA			NEVER /	VORCED				
e e	3	9		ITY OR TOWN OF DEATH		HOSPITAL NURSIN	WIDOWE G HOME C			120 USUAL OCCUPAT	RUNDEL.	COUNT	Y MD.
offe	d the	A A	1	1	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS1			(TYPE OF WORK FOR MOST		INDUSTRY	
20	5	2	(CISI)	CLEN BURNTE	NORTH	GIVE RESIDENCE BEFORE		TAL		Chauffer		Self	
0 21	d b	22		STATE 136	COUNTY	13c. CITY OR TOW	N	134 INSIDE C		13e. STREET ADDRESS		-	1-0-
AN S	# B	8	-	ML / 1001100	altimore	Lansdow	ne	YES 🗌	NO 🔀	22 Hazel A	venue	2	1227
RYL with	d 2 s	E -	IA FA	THER'S NAME FIRST	MIDDLE	LAST			S MAIDEN NA	ME			<1
WA MA	id u	& D(1	Cluston		Hood		Elia	zabeth			Vermi	llion
RE,	8.7	ico		VAS DECEASED EVER IN L	J.S. ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMA	INT	ADDR	ESS		
ALTIMORE, MARYLAND 2		17	. '	n/a	TES, GIVE WAR OR DATES!	579-10-3	387	James	Hood 48	82 patuxent	Rd.Od	enton.	Md. 21113
11 W. PRESTON ST.	by the ottending ease remove correctly, cremotion, or rem	r other troumatic me		Canditions, if any, wh gave rise to immedi cause (a), stoting	rich (b)_	OR AS A CONSEQUE	NCE OF	1	rdi J	1 Infarci	200		
DS, 20	signe hen pl	jury, o	Z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED	()	1	IDITION GIVE	N IN PART 1	0
AL RECORD	on. hos been t permit. T ene prior t	ows ony in	CERTIFICATION	190 DATE OF OPERATION	1 196. COND	DITION FOR WHICH	OPERATIO	N WAS PERFO	ORMED SE	200 AUTOPSY?			NGS USED S OF DEATH?
DIVISION OF VITAL	entificate riol-transi entol Hygi	Pen 18 sho		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE.	E OF DEATH HOUR A	DF INJURY .M. MONTH DA .M.	Y YEAR			RED (ENTER NATURE OF INJ	JRY IN ITEM 18. PA	RT I ORPART 2)	
NG PHY	fter this os the but hond M.	orkedor	MEDICAL	214 INJURY OCCURRED WHILE OCCURRED AT WORK OCCURRED	LAT HOME ST	OF INJURY REET FACTORY, OFFICE, F	ARM ETC 1	211 LOCATE STREET		CITY OR TO	NWC	COUNTY	STATE
ATTENDI	CTOR: A for use a feelt	n 21 is mo				19	, or	d that in (my)	(our) apinian	, to death occurred on the c	- '	,	that (I) (we) last causes stated
S. S.	y the ho RAL DIRE detoched hote Dept			776 SIGNATURE	_d	lu 1	y	_		MEDICAL STA		STE DATE	SIGNED
O H O	TO FUNER should be with the St	MPORTA		27d. PHYSICIAN'S NAME	(TYPE OR PRINT)	N. M.D.		220 ADDRES		22 BALTIMOR	E-ANNA ND 21	POLIS 061	BLVD.

AL TISE DATE WALL, M. P. TISE NAME OF CEMETERY OF CREMATORY

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Ambrose Funeral Home 1328 Sulphur Spring Rd

08/19/87

23a BURIAL, CREMATION

burial

(SPECIFY)

Loudon Park Cemetery Baltimore

250. Date REC'D. By REGISTRAR'S SIGNATURE

AUG 18 1087 Julia Lundon August

Baltimore

MD.

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Total of Thirt

ASSIST ARCHITECT COURTY

CLEN RUBRIE - NORTH ARRUFEL HOSPITAL

PAZZANT E. DENGELNAL, M.D. GLES DERME, SVRYLAND 21061

AUG 18

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

HOULHIN STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIENS

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	REGISTRAR		CEKTIFICATE OF	DEATH	REG. NO)		
	DECEASED NAME FIRST LYPE OR PRINTS	Lilian	Horhin			8 19	VEAR 8 7	10 57 M
3 5	Female 1 RA	Cuhite	OP 03	Ö7	AGE (IN YEARS LAST BIRT)	HDAY) IF U	UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN 76 CI	TIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED 7	BALTIMORE CITY OF	COUNTY O	DEATH	
17	ennsylvania		WIDOWED	IVORCED [Hone		del	MD.
Y		NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET AD THE ACHTOR			120 USUAL OCCUPATION OF WORK FOR MOST OF		Scho	PRUSINESS OR
130	SUAL RESIDENCE (IF NURSING HOME OR OTHER STATE 136 COUNTY	Lic. CITY OR TOWN		NO 1	STREET ADDRESS /		bad-	21146
14.	FATHER'S NAME MIDDLE	LAST	15. MOTHER	S MAIDEN NAME	WIDDLE	0.	UAS	
160	WAS DECEASED EVER IN U.S. ARMED			argare	ADDRE:	55 39 m	6 03	ngs_
L	EYES, NO OR UNKNOWN! (IF YES, GIVE WAR	ORDATES 201-22-01	of3 Ving	inia R	ickolt-	#	13	
Г	18 CAUSE OF DEATH (Enter only one PART I, DEATH WAS CAUSED BY: IMMEDIATE CA	m 111 -		YELUMB	7		BETWEEN	MATE INTERVAL ONSET AND DEATH
		DUE TO, OR AS A CONSEQUEN	VCE OF					
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	(b)DUE TO, OR AS A CONSEQUEN	4CE OF					
1	PART 2 OTHER SIGNIFICANT COND		EATH BUT NOT RELATE	TO THE TERMIN	NAL DISEASE OR CONE	OITION GIVEN	IN PART 1:0	0
ğ								
CEPTIEICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH C			200 AUTOPSY? 200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES \(\begin{array}{c} NO \\ \text{YES} \\ \end{array}			
		216 TIME OF INJURY HOUR A.M. MONTH DAY P.M.	Y YEAR	NJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	T OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE ALWORK	PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	21f LOCATI		CITY OR TOV	NN	COUNTY	STATE
	22a.1 certify that (I) (this haspital) a	the deceased from	1986	, 19	to 8/19	187 19.		tho (we) lost
	above (()) we (did) ((id not) je	the body ofter death	DEGREE	ATTENDING	MEDICAL STAF	F	220 DATE	
1	274 PHYSICIANS NAME (THE ORPHIN	1)	22e_ADDRE		DIRECTOR PHYSIC	IAN	1 /0	-/0/
	S. P. WATK		1518	rankli	in St. An	napol	is, m	00
23	a. BURIAL, CREMATION, REMOVAL 231	b. DATE 23c NA	AME OF CEMETERY OR		236 LOCATION CITY OF TOWN		OPTY	STATE
24	FUNERAL DIRECTOR	ma4, 19871 1-	ocust w	OOD DATE	REC'D BAREGIENER	TINGS 25MRECHATEM	Lamo	Photos I
1	NAME	Chapel- Ann	analis Mi	250 DATE	G 2 6 1981	guita D	The control of the	
П	agibi iuneia	Charles- Linn	abous, in					

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or ottending physician.

BP

Lastor Lagrand Langel Boatgale, Dig.

STATE OF MARYLAND

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3 3 4 6 AUG 2	118	FOR STATE REGISTRAR		DEPARTA	AENT OF HEAD	MARYLAND TH AND MENTAL H	GIENT 2	8 8	4
noy be page 3	1. DEC	CEASED NAME FIRST Shirl		R.	Hugh	nes	20 DATE OF DEATH MON		26 HOUR 6'15 A.M
4 moy ector po	3. SE)		4. RÁCE	ships.	5 DATE OF B	IRTH DAY YEAR 05 05	6 AGE (IN YEARS LAST BIRTHDAY		YEAR IF UNDER 24 HRS DATS HOURS MIN.
A TENE	0	RTHPLACE (STATE OR FOREIGN OUNTRY) IRGINIA	76 CITIZEN OF W		WIDOWED		ANNE ANL	Ndel	MD
#105	10 CI	NNa POLIS		OSPITAL, NURSIN FACILITY GIVE STREET		GeN.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK SALES PERSON	KING LIFE) INDUS	ND OF BUSINESS OR STRY RETAIL
22 hours	13a. S MA		11A	SILVER S	PRING Y	I INSIDE CITY LIMITS?	3508 FISKE		20906
Ord with	/		KNOWN	EAST.		MOTHER'S MAIDEN N	UNKNOWN		LAST
		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	577-09-4		OAN V. WOO		NNAPOLIS	TNUT TREE, MD 21404
g physicone on capes on capes on capes on capes		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	lly ane cause per l D 8Y [E CAUSE (a)	andio	MALANENA	y arest		ae î'v	PROXIMATE INTERVAL VEEN ONSET AND DEATH
that the aboth of d by the attendances contained of commences contained or other traumatic		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	A A CONSEQUI	I Was	with 20	arteral bleed		7dasp
equires signed Then pl to buri njury, c	NO	PART 2 OTHER SIGNIFICANT	ONDITIONS CO	NTRIBUTING TO	DEATH BUT NO	TRELATED TO THE TER	MINAUDISEASE OR CONDITION	ON GIVEN IN PAR	RT Ira
The low recion. sit permit. grene prior	CERTIFICATION	190. DATE OF OPERATION	arter	ION EDRIVHICH	120 Dec	denal Wice	YES NO	YES 🗌	USES OF DEATH?
SICIAN: ng physicertricol viol-tron ental Hy ltem 18	MEDICAL CE	21a, ACCIDENT WAS SUNDERLYING CORCONTRIBUTING COAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M	A. MONTH D.	AY YEAR 19	L LOCATION	RRED (ENTER NATURE OF INJURY IN	TEM 18 PART I OR PAR	IT 2}
DING PHY or attending After this se as the bu	WED	WHILE NOT WHILE AT WORK	(AT HOME STRE	ET, FACTORY, OFFICE, F		STREET	CITY OR TOWN	COUNT	
ATTEND ospital o ECTOR: y ed for use of af Heo		220.1 certify that (I) (4his here saw the deceased alive ar above, (I) (mot did (did no 22b. SION ATURE	811	19	87. and	, 17	n death accurred an the date a		that (It feet) ast in the causes stated
by the h by the h ERAL DIR e detoche Stote Dep		22d PHYSICIAN'S NAME (VPE	Mallin /	mp		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	_ 0	112/87

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

M.M. MULLINS, M.D.

23c NAME OF CEMETERY OR CREMATORY

1020 CAPE ST. CLAIRE RD. ANNAPOLIS, MD. 23d LOCATION CITY OF TOWN

COUNTY

BURIAL AUG17,1987 GAT
PARE PRANCIS J. COLLINS, DORGS JR. GATE OF HEAVEN SILVER SPRING MONTGOMERY MD

500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

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4	P		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate (e.g. and e.g. death, 24 hours offer death. Page 4 may be	
(ter death. P	
	ND 21201	1	24 hours of	
	E, MARYLA	1	and Johin	
	BALTIMOR	1	cate fe.m.	ji ji
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		death certifi	
	S, 201 W. P		vires that the	
	AL RECORD		The low req	cion.
	ION OF VIT		HYSICIAN:	retained by the hospital or attending physicion.
	DIVIS		TTENDING	putal or offe
1			PITAL OR A	by the hos
			TO HOS	retoined

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tely filled in by the funeral directar, page 3 2 should be filed within 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALBUYCIENS

	9 87	STATE REGISTRAR			DEI ANI		ICATE OF DI	1.4	REG. N		7 19	EDT
1		OR PRINT)	FIRST		WIDDLE	-	AST	OD	20 DATE OF DEATH		DAY YEAR	26 HOUR
1		CHARI	LES		LIAM	HUNT		SR	AUGUST		6, 1987	3.30 AM
1	3 SEX			4 RACE		5. DATE C		YEAR	& AGE (IN YEARS LAST BH	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
1	I	Male		Wh:	ite	Octob		921	6	5 YRS		
1	C	RTHPLACE (STATE OR FO			WHAT COUNTRY?	MARRIE	D NEVER M.	ARRIED 🗆	9 BALTIMORE CITY C	R COUNT		
4		st Virginia		USA		WIDOWE		ORCED X			EL COUNT	
٩	10, C1	TY OR TOWN OF DEA	тн		HOSPITAL, NURS I		OR OTHER INSTI	TUTION	12a USUAL OCCUPAT			OF BUSINESS OR
	BISTIA	GLEN BURN		NORTI	H ARUNDEI	L HOSP	ITAL		Painter		Self-I	Employed_
	13a. S		136 COUN		13c. CITY OR TOV		134. INSIDE CIT	Y LIMITS?	13e STREET ADDRESS	210	61	
2	Ma	rvland	A A	Co.	Glen Bu	rnie	YES 🗌	NO 🛛	102 Crain	High	way Apt	876
	14. FA	THER'S NAME					15. MOTHER'S					
		James		MIDDLE	Hunte		E1		WIDDLE V.			rain
1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMAN	(Son)	ADDRI	ess 60	7 Hillpi	ine Way
1	(4	Yes	WWI		236.26.	6039	Charle	s W. H	lunter, Jr.	Bra	ndon, Fl	la. 33511
		18. CAUSE OF DEATH									APPROX	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH W.	AS CAUSE	D BY:	**		11		EA 0	Com	BETWEEN	
			IMMEDIA1	TE CAUSE (o)	COM	JEST1	VE H	EALT	FAILUR	.6		month
				DUE TO, O	R AS A CONSEQU	ENCE OF					1 3	
1		Conditions, if any,		(b)_	SCHEN	210	CARD	MOK	TOPATHY		2	years
		gave rise to imm couse (a), stating	nediote g the	DUETO	R AS A CONSEQU	ENCE OF						
3		underlying couse		100210,01	K AS A CONSEGR	ENCE OF				,		
		PART 2 OTHER SIGN	JIEIC ANT C	CONDITIONS CO	DUTRIBUTING TO	DEATH BUT	NOT PELATED	O THE TERM	IN AL DISEASE OR CON	DITION G	IVEN IN PART 1:	
	CERTIFICATION		W ICAN	- CONDINONS <u>CC</u>	574111001210 10	DENTIL OUT	THE RELATED	TO THE TERM	WAL DISEASE ON CON	DITION	AVEN AVI ANT II	
	AT	190 DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		ES, WERE FINDI	
-	FF								YES T NOW		TIFYING CAUSES YES	NO T
4	ERT	21a. ACCIDENT WAS UND	FRIVING T	1 216. TIME O	F IN HIRY		171, HOW IN I	LIRY OCCUPE	RED (ENTER NATURE OF INJU			110
		OR CONTRIBUTING	-	110110	M. MONTH D	AY YEAR		OKT OCCORN	LED TENIER MATORE OF INJU	KI II II II CM TO	o ranti On rantzi	
	CA	(IF EITHER NOTIFY MEDIC	AL EXAMINER	P.,		19						
	MEDICAL	21d. INJURY OCCURR	RED	21e PLACE	OF INJURY	EADA ETC 1	211 LOCATIO	N	CITY OR TO)WN	COUNTY	STATE
	\$	WHILE NOT WH	ILE	(A) NOME, SIE	TEET, PACTORY, OFFICE,	PARM EIC J						
		22a.1 certify that		tal) attended th	e decensed from	712	281	10 8-	7 10 8116	1	10 87	that(I) we\ last
		sow the decease abave, (I) (Ive) (d				Command of	nd that in my	our) opinion o	deoth occurred on the d	ote and he	our and Irom the	couses stoted
		226. SIGNATURE	nar joid no	it view the body	orier debin.		DEGREE				22c. DATE	SIGNED
			M	1. al.	4.5		Al	TENDING	MEDICAL STA		118	1100
4		27d. PHYSICIAN'S NA	110	Sect Ov	Com MI	2	22e ADDRESS	HYSICIAN I	DIRECTOR PHYSI	IAN []	011	10101
		ZZE. PHYSICIAIN STAN	OME THE	JK PRINT)			THE ADDRESS	61.	5 HAMMONDS	LANE		
		MARC OF	CIN.	M.D.			BA	LTLIMO	RE MARYLAN	D 2	1225	
		URIAL, CREMATION,	-				EMETERY OR CI		23d LOCATION CITY OF TOWN		COUNTY	STATE
	(SPECIFY) Buri	al	Aug 19	, 1987 Ma	arylan	a Vet.	Cemete:	Crownsvil	1e /	A A Co.	Md.
	24 FL	INERAL DIRECTOR	11)	Which				25a DATI	E REC'D. BY REGISTRA			LARGE.
	C.	NAME	()	00-00-	ADDRESS Russ	- i - 1	Annal and	1110	18 4007 90	Me De	Nessamplan	1
	21	ngleton Fu	mera.	nome	Glen Bur	mre, r	rar yranc	י הטט	TO BOLD			ul -

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial should be detacked for use as the burial-transit permit. Then please remave carbon popers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. [MPORTANT, if them 21 is marked or them 18 shows any injury, or ather traumatic event, the

CHARLES WILLIAM HUNTER

PARK OKUN, M.D.

NORTH ARRESTEL HOSPITAL

NALTI JHORE, HARYLAND, 21 225

16, 1987 5.30 10

AVAID ARRESTEL COUNTY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	O	O	0	
REG.	NO.		1	

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

S, Md. SEP 4 987 Julia Dender Pendal

1 CAMPAIRAR					REG. INO.				
1. DECEASED NAM	AE FIRST		WIDDIE	LAST		MONIH DAT YEAR	26. HOU		
(TYPE OR PRINT)	Wira	N.	Jac	ykiewycz	OF ESTI-	8-30-87	MN		
3. SEX		ATE OF BIRTH	6. AGE (IN YEARS	IF UNDER 1 YR. IF UND	DER 24 HRS. 2c. DATE	MONTH DAY YEAR	120 1100		
Female	Caucasian	3-25-	14 T3 YRS	MONTHS DAYS HOURS	PRONOUNCED 8-3	1-87 10	12 M		
70. BIRTHPLACE	STATE OR 76. C	ITIZEN OF WH	AT COUNTRY?		9 BALTIMORE CITY OR	COUNTY OF DEATH			
Ukraine	9	United	States of	MARRIED NEVER MA	DRCED Anne Arun	del Count	У		
n city or town			CAL NURSING HOME, C ILITY, GIVE STREET ADDRESS) ern Ave. A	pt. w301	120 USUAL OCCUPATION (TYPE O HOUS EWIFE	F WORK 12b. KIND OF B OR INDUS	USINESS		
SUAL RESIDENC Marylar			RESIDENCE BEFORE ADMISSION OF TOWN Annapolis	13d. INSIDE (TIY LIMIT	3 12 Severn A	ve. 21403	3		
Basil	AE MID	Sem	irosüm	Julia	AIDEN NAME MIDDLE Ku	bialkalAST			
160, WAS DECEAS (YES, NO. OR UNK) NO	ED EVER IN U.S. ARMED F NOWN) (IF YES, GIVE WAR O		077-26-11		address eh I. Jackewycz	1886 Luc Creek Dr			
18 CAUSE	OF DEATH (Enter only one	cause ner line f	or (a) (b) and (c))		Annapolis Md.	APPROXIMA	TE INTERVAL		
PARTIC	DEATH WAS CAUSED BY:	A.		DALANT 1	'N SUFFICIENCY	MIN N			
couse (lying co	rise to immediate a) stating the <u>under-</u> ouse last. SIGNIFICANT CONDITIONS CONTR	DUE TO, OR A	AS A CONSEQUENCE OF		ANDIOVASCULM D		ns,		
	Call all on								
5	OF OPERATION	19b. CONDITI	ON FOR WHICH OPERAT	ION WAS PERFORMED?		2B. AUTOPSY	Y? NO []		
U III IDEDIVA	NAL CAUSE WAS IG OR TING CAUSE OF DEAT		MONTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT 1 OR PART 2)			
WHILE AT WORK	OCCURRED NOT WHILE AT WORK		F INJURY (AT HOME, DRY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural caures . Accident , Suicide , Hamicide , Undetermined monner ,								
SIGNATURI		esqu	~	M.D.DEBUT		DATE SIGNED 8/3/	(8/		
EXAMINER' (TYPE OR PE	SNAME LYARL	ES A	. SEAGEI	2 ADDRESS 78	30 RITCHIEHU	17,50 PK			
230.BURIAL, CREM									

St. Annapolis,

DHMH-17 20M 1/73 (VR A15 ME (5))

24. FUNERAL DIRECTOR

Robert

E. Evans 1212 West

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST

t

15+	+	3		tems, 18a, 180, 21 FOR Exam., 9/2/8/,	7, Gbj. DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 1 8 8 7	
333	120	AUG 20		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	Water	3	I. DE	CEASED NAME ERST	INER AND DEFECTION MONTH DAY OF ESTI- DEATH MATED 8-13-8	7.0 YEAR 26 HOUR
	RETOR	HOUR), SE)	/ A RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20 DATE MONTH DAY MONTH DAY YEAR LAST BIRTHDAY) LOSSING DAYS FOUND PRODUCINGED	YEAR 24 HOUR
	A DIST	N N N N N N N N N N N N N N N N N N N	19	ale White	12-12-1939 97 YRS DEAD 8-16-8 75. CITIZEN OF WHAT COUNTRY?	17
	MER		1	erman 4	West Germany WIDOWED DIVORCED Anne Arundel Co	
	YEAR	S CARRES	WE	Y OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORK 126 KG) 170 USUAL OCCUPATION (TYPE OF WORK 126 KG) 180 USUAL OCCUPATION (TYPE OF WORK 126 KG) 180 USUAL OCCUPATION (TYPE OF WORK 126 KG)	IND OF BUSINESS
	DELA	- HO -		dgewater	Selby Bay Yacht Basin Self-Emp. Box ME OR GIMER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION!	st Sales
10010	AND	RETAIN HOUID	13a. S			1037
24			O P	FRST OASTON	MIDDLE Jah 15 MOTHER'S MAIDEN NAME MIDDLE L	n k 1
1714	PE			AS DECEASED EVER IN U.S. AR		Edgewite
5	2/300	N N N N N N N N N N N N N N N N N N N		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ranly one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
2	ZA HO	PERM PERM GIENE			DIATE CAUSE (o) Diphenhydramine intoxication with asphyxia (DUE TO, OR AS A CONSEQUENCE OF	
0	N N N	MINER ALON TRANSIT PER NTAL HYGIE OR REMOVA		Conditions, if ony, which	nlactic had over head and face	
3	. ≥Ž	SEE S		gave rise to immediate cause (o) stating the <u>under-lying cause last</u> .	die / (b)	
100	EXECUTION OF THE PROPERTY OF T	AATION AATION		PART 2 OTHER SIGNIFICANT CONDITIONS	ONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
000	PEND BE	MEDI D AS A D AS A HEALTH L, CREA	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20	AUTOPSY?
NA NA	WORD Y	URIA LE	TIFIC			YES X NO
Č	THE W	WARDED TO THE CHIEF MEDICAL EXA- FAGE 3 SHOULD BE USED AS A BURIAL- STATE DEPARTIMENT OF HEALTH AND ME 21201 PRIOR TO BURIAL, CREMATION, (AL CER	210. EXTERNAL CAUSE WAS. UNDERLYING OR CONTRIBUTING CAUSE OF	imary HOUR A.M. MONTH DAY YEAR	ag over nead-
	S CERTIFIC RITING TH	E 3 SH E 3 SH E DEPA	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (ATHOME, STREET, EACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	and face.
	E, WR	RWARD PAGE STATE C		AT WORK	yacht Selby Bay Yacht, Edgewood,	Maryland
	ATA	○ # # 9			arge of the remains described above, held on Autopsy (X). Inspection . Inquiry . and in my opinion around courses . Accident . Homicide . Undetermined monner .	
	EXAM	ULD BE FOR DIRECTOR: (, WITH THE!)		ACTUAL ()	TITLE (SPECIFY)	8-17-87
	SE E	PAGE 4 SHOULD BE F TO FUNERAL DIRECT AFTER DEATH, WITH TI BALTIMORE, MARYLAI		SIGNATURE MA	ABSISCATE MEDICAL EXAMINER SIGNED.	0 17 07
	XECU.	A HER	40.5	EXAMINER'S NAME (TYPE OR PRINT)	Margarita A. Korell, M.D. ADDRESS 111 Penn Street	7
07/8	BP	723	(5	Cremation, REMOVAL 2	8-19-87 Westview Grematory Balt. Ball.	Md
25M	DH/	MH - 17	24 5	NERAL DIRECTOR	Mara / Haddress Anna Op/ 3 Mcl 250 Date REC'D. By REGISTRAR'S SIGNA	TURE
			4	THE PARTY AND	Alle 4 of the second	547

ty	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GENE 2 1 6	B 3 6 EDT
		FIRST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3 6 2 6 AUG 25	87 RUTH		JEFFERSON	AUGUST 1	1, 1987 545 PM
od e	3. SEX	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
ge 4	Female	Black	May 2, 1904	83 _{YR}	
1 1120	TO BIRTHPLACE (STATE OR FOI	REIGN TO CITIZEN OF WHAT COUNTY	RY? 8. MARRIED NEVER MARRIED	1 BALTIMORE CITY OR COU	NTY OF DEATH
「大災」	Maryland	u.s.A.	WIDOWED DIVORCED	ANNE ARUND	
2 44	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE ST		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Domestic	12b. KIND OF BUSINESS OR INDUSTRY Housekeeping
filled in hourd be	USUAL RESIDENCE (# NURSIN 130. STATE Maryland	C HOME OR OTHER INSTITUTION, GIVE RESIDENCE BE 3b. COUNTY 13c. CITY OR T Glen B	FORE ADMISSION) OWN 13d, INSIDE CITY LIMITS?	13. STREET ADDRESS 231 11th Ave.	
1000	14. FATHER'S NAME FIRST Abindigo	MIDDLE Dav	FIRST	MIDDLE	Spencer
(3)	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? 16b SOCIAL S	3-0305 Mrs. Blanche	D. Wallace 225	E. Cedar Hill Lar
N. The law requires that the death certifysician. Cate has been signed by the attending ploars permit. Then please remove carbang Hygiene prior to burial, cremation, ar remit is shaws any injury, ar ather traumatic eve	Conditions, if ony, gove rise to imme couse (a), stoting underlying couse PART 2. OTHER SIGNI 196 DATE OF OPERATION	DUE TO, OR AS A CONSE	QUENCE OF TO DEATH BUT NOT RELATED TO THE TERM TO DEATH BUT NOT RELA	200 AUTOPSY? 200. IF IN CE	EYES, WERE WINGS USED CHEST PROPERTY OF DEATH? YES NO
A Ta Ta Ta	OR CONTRACTOR CA	USE OF DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
the but the but and we and we sed or the but we	(IF EITHER NOTIFY MEDICA 21d. IN JURY OCCURRE WHILE DOT WHILL AT WORK	D 21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
TTENDING prital or of the control of	220.1 certify that (1) (1 saw the deceased above (1) (we) (di	alive on July 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0-1/	7, to July (4	1. 19 , that (I) (we) lost hour and from the causes stated
TO HOSPITAL OR ATTEND retained by the hospital or TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal IMPORTANT: if them 21 is m	226. SIGNATURE	ho-1+36-H-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
TO HOSPIT retained by TO FUNER should be with the Ste with the Ste	224. PHYSICIAN'S NAM			5 HOSPITAL DRIV	
5 € 5 € 3 ₹	230 BURIAL, CREMATION, R		THE NAME OF CEMETERY OR CREMATORY		
BP	(SPECIFY) But	rial 15 Aug 87	Mt. Auburn Cemetery		Maruland
DHMH - 16 50M 1/81	24 FUNERAL DIRECTOR	4000	25a. DA	TE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE
(VRA 15, 4)	Nutter Funeral	Homes, Inc. 2501	Gwynns Falls Pkury	3 21 1987 gine	Levidon-Mandalli.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 - 45	

- 1	7.01	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.	300	
		CEASED NAME Beatri	ce ^	AIDDLE	Jon	AST es	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TYPE	BEATEI	(E (r	mm)	J	DNES	August	8, 1	1987	1 800pm
	3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST B	RTHOAY	MONTHS DATS	
8		Female	White		July	22, DAY 1896 YEAR	91	YRS		NOUND MAKE
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A D DIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
9	1	maruland	US	SA	WIDOWE		anne	Wreek	rail.	Co. MI
Y	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION OF MOST			OF BUSINESS OR
1	Bu	ocklimPR Md	MERIDIA	AN NURS	0.1.0	ENTER- LANE	Self Emp			tician
1	USUA Ede. 5	LRESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP COL	JE .	
2	1000000	cyland Balt:	imoreCit	y Baltimo:	re	YES NO	703 Overb			21212
1	I4. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE			AST
H	1	Albert	M. OUC	Gorecki		Agnes			Nowa	ak
7	16a W	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17 INFORMANT (Nie	ce) ADDR	6439	Orchar	d Road
4	- "	NO UNKNOWN) (IF YES GIV	ne war or Dates)	214.76.4	076	Mrs. Genevie	ve Ensenat	Linth	nicum H	eights.M
	100	18 CAUSE OF DEATH (Enter on	ly one couse per	line for (a), (b), and	dical	_ , , , , _	,-		BETWEEN	NIMATE INTERVAL NONSET AND DEATH
V		PART I. DEATH WAS CAUSE IMMEDIA	E CAUSE (a)	HEAN)		FAILURI	E			10
			DUE TO, OF	R AS A CONSEOU	NEEO	m DI	37000	- 7	1/	
v	74	Conditions, if ony, which	((b)	VALL	100	- Mr 11	SEASE		/	n s
		gave rise to immediate couse (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF					
		underlying cause lost.	(c)							
ř	2	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COI	NDITION G	IVEN IN PART 1	10
	TION	A AVE OF COURT FICH	1181 501/01	TION FOR WILLIAM	ODERATIO	WAS DEDSORIES	20a AUTOPSY?	Table 15 VE	ES, WERE FIND	ALLOS LISTO
1	IFICAT	190 DATE OF OPERATION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERT	IFYING CAUSE	S OF DEATH?
_	CERT	71a ACCIDENT WAS UNDERLYING	7 216. TIME O	F IN ILIRY		21c HOW INJURY OCCUR	YES NO		ES CORRARIO	NO 🗌
1	100	OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA		The state of the s	(ENTERNATIONE OF PA)	ORT NA NEW 18	PART TORPARTE	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	21e PLACE		19	ZII. LOCATION				
	¥	TO NOT WHITE IT		EET, FACTORY OFFICE, F	ARM ETC)	STREET	CITY OR I	OWN	COUNTY	STATE
		22a.1 certify that III liospi	tal) attended th	e deceased from		10 /	10 9	-7	10 87	that (1) (de) las
		says the diceaned alive on above (free min (and po		2 / /	7.0	nd that in my (our) apinion (death occurred on the	date and ha	ond from the	e couses stated
		22b. SIGNATURE	t) view the body	atter death.		DEGREE	- DEL 15		22c DAY	SIGNYO
			1/4		1	ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	19/	2/17
+	13	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT]			22e ADDRESS	J DIRECTOR OF THIS	CIAIT	1	1
		MARC	Pos	situ		107 E	. wit	5	57	
		BURIAL, CREMATION, REMOVAL	23b. DATE August	1.2 23c N		EMETERY OR CREMATORY	23d LOCATION	7	COUNTY	
	(Burial	August 19	872' Di	ııany	Valley	Timonium	1. 1	altimor	ce Md.
		JNERAL DIRECTOR 75.	y. Harl	ADDRESS			E REC'D. BY REGISTRAL	R 25h REGIS	TRAR'S SIGN	BARLES
	Si	ngleton Funera	L Home G	len Burn	ie, Ma	aryland All	G 1 1 1987	19.78		
	-									

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at ather traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

064905 SEP

the funeral director, page 3 a within 72 hours offer death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 DEC	EASED NAME	FIRST	,	MIDDLE	ı	AST		O DATE OF DEATH	MONTH	DAY YEAR	2b HC	OUR
	(TYPE	OR PRINT)	Howard	1		JO	nes			8 -	29 - 8	7 7:0	00a
	3. SEX		110Wala	4. RACE		5. DATE C		6	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEA	R IF UND	ER 24 HRS
	2.3	Male		Caucas:	ion	MONTH 9	- 25 ^{PAY} - 0	YEAR 14	8:	2 yrs.	MONTHS DAY	SHOURS	MIN.
100		OUNTRY)	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTI	RY? 8.	D MEVER MARK	NED 7	BALTIMORE CITY O	R COUN	TY OF DEATH	-	
0		ennsylv	ania	United	States	WIDOWE			Anne Arun	del (County,		MD.
2		ry or town of napolis		(IF NOT IN SUC	H FACILITY, GIVE ST	REET ADDRESS)	Hospital		26 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Landscapine	F WORKING	HEE) INDUSTR	OF BUSING	
5	13c. S	RESIDENCE (# TATE cyland	136 COUN	other institution. ITY Arundel	GIVE RESIDENCE BE	OWN	13d. INSIDE CITY L		36 STREET ADDRESS / 920 Burnet			2	
	14 FA	THER'S NAME	4	MIDDLE	LAST		15 MOTHER'S MA					LAST	
		George		L.	Jone	S	Emm	ıa	MIDDLE			ker	
		AS DECEASED E		MED FORCES? E WAR OR DATES)	16h SOCIAL SI	ECURITY NO.	17 INFORMANT		920 Burne	Et A	ve.		
		Yes			710-09	-6358	Esther J	ones	Arnold, M	D 210			
		18. CAUSE OF D PART I. DEAT		ly one couse per D BY: E CAUSE (a)	line for (0), (b)	andre	c and Pe	linn	fenlu	ب	APPR BETWEE	DXIMATE IN N ONSET A	ERVAL NO DEATH
		Conditions, if	nny which	DUE TO, OI	R AS A CONSE	QUENCE OF		c					
Ì		gove rise to couse (0), s underlying c	immediate stating the		r as a conse	QUENCE OF							
	NO	PART 2. OTHER	SIGNIFICANT		ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR CONE	DITIONG	IVEN IN PART	110	
1	CERTIFICATION	19a DATE OF OP	ERATION	19b. COND	TION FOR WH	ICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	IN CERT	ES, WERE FINI TIFYING CAUS YES [ATH?
7		216. ACCIDENT WA		TH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 1	B PART I OR PART 2)	
	MEDÎCAL	21d INJURY OC		21e PLACE			21f LOCATION		CITY OR TO	WN	COUNTY	1919	STATE
		220 I certify the				50.	ed that in (my) (nus)		to 21	to and b	19.87		(we) lost
			ve) (did) (did no	t) view the bady			DEGREE	opinion de	om occorred on me do	ne ond no	22c DA	SIGNE	D
		E- 7/1/1	VIZA	De-	_	1	PHYS	IDING	MEDICAL STAF DIRECTOR PHYSIC	F IAN 🗌	8	31/1	7
		22d. PHYSICIAN		R PRINT)			22e ADDRESS						
		Dr. Pla					Arnold,						
	23s. B	URIAL, CREMATI	al REMOVAL	236. BATE 8-31-	-87		EMETERY OR CREM Park Ceme		Baltimore	e,	COUNTY	MD	STATE
	24. FU	INERAL DIRECTO	BEERT	S. BARR	ANCO	66		250 DATE	REC'D BY RECISIRAR	25b REGI	STRAR'S SIGN	ASHRE	St.
		SEVE	RNA PA	RK, MD.	2114	6		J.	04 867		Indian . (

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NUMBERT & SHRRANUU SEVERIA PARK NO 21145

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death o

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

attending physicion.

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the funeral director. p d within 72 hours ofter

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATHO

IENE

	- STATE REGISTRAR	CERTIFICATE OF DEATH
3	27 87 MILDRED	C. KING PUGUST 1887 II PM
	FEMALE WE	S. DATE OF BIRTH MONTH 15 1908 79 S. DATE OF BIRTH MONTH 15 1908 79 YRS. S. DATE OF BIRTH MONTHS DATS HOURS MIN.
	70. BIRTHRIACE (STATE OR FOREIGN 76 CITIZEN C	SA MARRIED NEVER MARRIED HONORCED HONOR
3	HUNADOLIS AT	HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR CHERCHAY GIVE STREET ADDRESS IN TOSP DE HOOL FACHER TUGIC
	USUAL RESIDENCE (# MURSING HOME OR OTHER INSTITUTION 136 STATE)	CHYOR TOWALER 13d INSIDE CITY LIMITS? 133 STREET ADDRESS / RICCOPE RD 2/037
7	JOHN PAULIDIE P	OTOCASUAK HUNA BOGACKA
	160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES NO DYNKNOWN) (IF YES, GIVE WAR OR DATES)	235326192 JOHN D. King # 13
	18 CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate	OR ASPACONSEQUENCE OPAULIU
	underlying couse last.	Memsonor (Ovancon (ancient)
		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
1	STIFIC	DITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO
		OF INJURY A.M. MONTH DAY YEAR P.M. 19
	WHILE NOT WHILE T	E OF INJURY 211. LOCATION STREET CITY OF FOWN COUNTY STATE
	220. I certify that III this hospital) attended	the deceased from 19 , and that in (my) aur) apinion death occurred an the date and haur and from the couses stated
	22b. SIGNATURE COM	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF
	22d PHYSICIAN'S NAME (IDECORPRINT)	ones 200 Ridgey Dorl Annapolis, no
	BURIAL REMATION, REMOVAL 236, DATE 8/22	189 RAME OF CEMETERY OR CREMATORY 230 OCATION A COUNTY 2 (1815)
	74 FUNERAL DIRECTOR TANTAL FUNCED CH	ADELADOREN JANO CALLS TO AUG 26 1987 Lia Dandon Randelle

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and is should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

With the private bury.

IMPORTANT: If them 21 is marked or them 78 shows only

FOR

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STATE OF MARYLAND

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DEC N	10	

1	D187STATE	DUARIN	CERTIFICATE OF DEATH	2 1 0	
	REGISTRAR			REG. NO.	EDT
	I DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
	ANNA	ANARINO	KIRBY	AUGUST 3, 1987	1:35 - 4
	3. SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female	White	January 21 1896	91 YRS "	ONTHS DATS HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
2	Maryland	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL CO	UNTY
-	10 CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) 		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
1	GLEN BURNIE	NORTH ARUNDED	L HOSPITAL	Housewife	Home Maker
5	USUAL RESIDENCE (# NURSING HOME OR 13g. STATE Maryland 13b Coun			13. STREET ADDRESS / ZIP CODE 4005 Second Str	eet 21225
, side	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	
1	Lawrence	Anarin	o Rose	WIDDIE	Gentile
-	160. WAS DECEASED EVER IN U.S. AR			ADDRESS	GOITOLLO
3	(15 YES, MO OR UNKNOWN) (15 YES, GIVI	E WAR OR DATES) 220-48	_3140 John L. Ki:	rby Same as 13e	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c) (d) (d)	able Congestive NCE OF Candie	myopoly	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH GROUP Jean N IN PART 110
2	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		19 211 LOCATION	YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
	AT WORK AT WORK	hal) attended the deceased from Aulust 2, 1959	July 24 19 87	deoth occurred on the dote and hour	9 22. that (1) (we last and from the couses stated 22c DATE SIGNED
	pos	Itle /tox	PHYSICIAN PHYSICIAN		

23c NAME OF CEMETERY OR CREMATORY

Baltimore National

MPORTANT, # # BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

George J. Gonce 4001 Ritchie Balto Md

8/7/87

PO-HSLU HUNG, M.D.

230 BURIAL, CREMATION, REMOVAL

Burial

MARYLAND 20707

1334 LOCATION

Baltimore

COUNTY

Md

STATE

AUG 7 1987

8357 CHERRY LANE

LAUREL.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE ATE OF DEATH REG. NO 20 DATE KNOWN MONTH 26 HOUR THRE OF PENTS OF DEATH MATED 7d HOUR DATE an Challes LAST BIRTHDAY) YEAR PRONOUNCED DEAD BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ANNE ARUNDEL DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ANNE ARUNDEL GENERAL LIF IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRE 15. MOTHER'S MAIDEN NAME PAGES Sameas (YES NO, OR UNKNOWN) TRANSIT PERMIT. I CAUSE OF DEATH (Enter only one couse per line for (a), (b), and le BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF S.C.VII Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE WORL
FORWARDED TO THE CHE
TOR: PAGE 3 SHOULD BE UT
THE STATE DEPARTMENT OF
AND, 21201 PRIOR TO BUILT NO S 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (ATHOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described abave, held an Autopsy and in my opinion deoth resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS. 230 BURIAL, CREMATION, REMOVAL 07/84 DHMH - 17 (VR A15 ME (5))

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MARCH SURFERS OF SURFE

STATE OF MARYLAND

			FOR			DEPART		E OF MARYLAND EALTH AND MENTAUH)	GIENE 2	13	9 0	
2 0 5 5 AUG -	8 87	1 -	STATE REGISTRAR			DEL ARG		ICATE OF DEATH		G, NO.	3	
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moy moy		3. SEX			4. RACE		5 DATE O		6 AGE (IN YEARS L	and distributely	FUNDER LYEA	
7 4 000		IF	Templ	6	White		Dece	mber 4. 1896	91	yrs M	ONTHS DAYS	S HOURS MIN.
五 章	01			OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B		9 BALTIMORE CI	TY OR COUNTY	OF DEATH	
\$ SE	20		ouniry) [arvland		USA		WIDOWI	D NEVER MARRIED DIVORCED		· Cour	NTY	MD.
1 11	1		Y OR TOWN OF	DEATH	11. NAME OF H			OR OTHER INSTITUTION	12ª USUAL OCCL	PATION AOST OF WORKING LIFE		OF BUSINESS OR
5 5	54	6	EN BU	rnie	WORTH	ARUNC	1 /	ONV. Center	Homema			n Home
2 1 19	امرولية	USUA 13a S		NURSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDR	ESS / 7IP CODE		
N 72 88	型り		Maryland			Pasaden		YES NO X		nghill R	oad	21122
1 12	54		THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN N	IAME MID	DIE		124
MAN B BAN	14	1	John		H.	Gisch	e1	Josephine	MID	DIE	Schm	idt
W SE	1/		AS DECEASED E		MED FORCES?	16b SOCIAL SEC	JRITY NO.	17 INFORMANT (S	on) A	DDRESS		
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BAL are aper	1		IN CAUSE OF D	EATH (Enter of	nly one couse per	Ime far (a), (b), a	nd (c).1				BETWEE	OXMATE INTERVAL N ONSET AND DEATH
TE STATE OF THE OWNER OF THE OWNER O	1		PARTI. DEAT		TE CAUSE (a)	alte	a A	spirate	ry as	rent		
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125 de 410 de 110 de 11	20	23	Conditions, if		(Ib)	(ex	0	(Ive)	773	CVI	AF	
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DIVISION OF VITAL RECORDS NG PHYSICIAN; Tillocate offending physicir files certificate as the buriol-trans; persented th and mental Hygers prior 10	100	CERTIFICATION	19a DATE OF OPI	EKATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFY	ING CAUSE	ES OF DEATH?
VITAL N: T nysici cote ronsi	24	ERTI	21a, ACCIDENT WAS	SUNDERLYING F	7 21b. TIME O	F IN ILIPY		21c HOW INJURY OCCU	YES NO		land .	NO 🗌
JE VI	2 2	-	OR CONTRIBUTING	_		M. MONTH D	AY YEAR	THE TIOW HOSOKY OCCU	INCO TENIER NATURE C	T NOT IN THE TO PA	C) I ON PART 2	
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ISIC PH Heno Heno The b	o pay	ME	WHILE NO		(AT HOME STR	EET, FACTORY, OFFICE.	FARM, ETC)	STREET	CITY	ORTOWN	COUNTY	STATE
DINO or o	mork				ital) attended the	Agranuad kom	1 -	14 10 5	7 . 8	5	0 8.	that (I) (we) last
OR. Por US	25		saw the dec	eased alive or		To 019	1	nd that in (my) (aur) opinio	n death occurred on	the date and hour	and from th	
OR AT e hosp DIRECT Dept. o	E S		27h. SIGNATURE		ot) view the body	after death.		DEGREE			224 DA	TE SIGNED
the of the open	7 7		1/	1.	1. 1.	Van	\ /	ML ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [0	4-87
ERA ERA Store	Z /		22 L PHYSICIAN"	SNAME STYPE	OR PRINT)	Long	-	122e ADDRESS	E DIKECTOK PI	HI SICIAN [0	7-1-
He San He	8			MII	CTI D	~ C	0	110	605 6	AR	Lud	C. A.
54 541	3+	23a R	URIAL, CREMATK	ON REMOVAL	123b. DATE	1230	NAME OF C	EMETERY OR CREMATOR	123d LOCATION	1	VC	ned
BP		1	Crema	ation				y Process, I			county	Co. Md.
			NERAL DIRECTO		1.0.				ATE REC'D. BY REGIS	B		ATURE .
DHMH - 16 50M 4 (VRA 15, 4)	1/83	Si	noleton	Pupera	1 Home	Glen Bur	nie	Maryland AU	0 6 1987	Julia Da	inden-	Rodale
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MPORTANT. If hem 21 is marked or hem 18 stops

ATTENDING PHYSICIAN.

ned by the hospital or TO FUNERAL DIRECTOR. Thould be detoched for us with the State Dept. of Hee

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DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4) 01	REGISTRAR				CERTIF	CATE OF DE	AIR		REG. N	NO.				
		CEASED NAME OR PRINTI	Rochel	MIDE	7	Kr	aft		2a. DATE O		08	15 15	87	103	PM
	3. SEX	Fema	1/e	RACEWHI	te	S. DATE O		1899	AGE (IN	7	YR	MONTH		IF UNDER 2.	MIN.
7		OUNTRY)	PANIA 7	CITIZEN OF WH	A.	WIDOWE		DRCED	9 BALTIMO	PNA	1e	Ar	UN	de/	MD.
1	10 CI	MORTONNO	ON (SPITAL NURS		CENT C	enter	120 USUAL (TYPE OF WOR	OCCUPA RK FOR MOST		NG LIFE) 17		me-	SOR
	13a. S	TATEMD.	F NURSING HOME OR O	THER INSTITUTION GIV	PITY OR TO		- LI	10 X	REID	ADDRESS CY	D ZIP CI	Rt.	424	,211	14
2)	JOAN	/	DDLE	Black	e	/ //	ary /	Ε	MIDDLE			Yeo		N
		AS DECEASED ES, NO R VIKNOW	EVER IN U.S. ARM		10-14/	7066	Mich	ne/P.	Kou	A S	145 De B	Sei	FL	9 KC	1 ,
		PART I. DEA	DEATH (Enter only TH WAS CAUSED IMMEDIATE	BY:	e for (a), (b), (C)	1	Arren	*				1	APPROXI BETWEEN C	MATE INTERV ONSET AND D	AI EATH
		Conditions, if gave rise to cause (0), underlying	immediate stating the	DUE TO, OR A	91	Vanu	u Al	Herm	en	di	rlei	1			
	NOI	PART 2 OTHER	SIGNIFICANT CO	onditions <u>con</u>	TRIBUTING TO	DEATH BUT	NOT RELATED 1	O THE TERMIN	VAL DISEAS	E OR CO	NOITION	GIVEN IN	PART 110		2
1	CERTIFICATION	190 DATE OF O	PERATION	196 CONDITIO	N FOR WHIC	CH OPERATION	N WAS PERFOR	MED	YES _	NOX				OF DEATH	1?
1		OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER)	HOUR A.M.		DAY YEAR	21c. HOW INJ	JRY OCCURRE	D (ENTERN)	ATURE OF INJ	JURY IN ITEM	18 PART 1 (OR PART 2)		Ü
	MEDICAL	21d. INJURY OC	CCURRED NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET,		E, FARM, ETC)	211. LOCATION	١		CITY OF T	OWN	(OUNIY	STA	ATE
		saw the de	ot (I) (this hospital	212	19	87.00	DEGREE	, 19 aur) opinian de TENDÍNG	eath accurre		dote and	hour and			
		22d. PHYSICIAN	I'S NAME (TYPE OR	PRINT) Rhc	dos	MI	220. ADDRESS	TYSICIAN D	DIRECTOR	PHYS	ician [1/15/	87	
		URIAL CREMAT	ION, REMOVAL	23b DATE 8-19-19	87 /	NAME OF	EMETERY OR CE	EMATORY	130 TOG	TS B	rgh	Alle	niv/env	P	A.
	24 FU	INERAL DIRECTO	OR	101	ADDRESS	1	1 M		REC'D. BY		R 25b REC	GISTRAR	SIGNAT	URE	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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STATE OF MARYLAND

AUG 28 B TATE REGISTRAR		RTMENT OF HEALTH AND MENTAL HYP	REG. NO	
1. DECEASED NAME FIRST	MIDDLE	LA GRANGE		7 22,1987 1.30
	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	
70. BIRTHPLACE (STATE OR FOREIGN	WHITE 16 CITIZEN OF WHAT COUNT	RY? & MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
NEBRASKA III. CITY OR TOWN OF DEATH	UNITED STATE	WIDOWED DIVORCED TO THE RING HOME OR OTHER INSTITUTION	ANNE ARE	INDEL ON 126 KIND OF BUSINESS O
GLEN BURNIE	NORTH HRUND	TREET ADDRESS) EL HOSPITAL	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 135 COUN MARLEND		OWN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS /	ZIP CODE EN ÂVE, 21122
14 FATHER'S NAME FIRST	MIDDLE 0. LAST	15. MOTHER'S MAIDEN NA		MUELLER
160 WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIV)	E WAR OR DATES!		ADDRES	5 7764 GLON AVE.
18 CAUSE OF DEATH (Enter on			A GERANGE	PASADENA, ND 21 APPROXIMATE INTERVAL BETWEEN ONSET AND DIAT
PART I. DE ATH WAS CAUSEI IMMEDIAT	D DV	Atory Amest		15Mmv+)
	DUE TO, OR AS A CONSE	FO DEATH BUT NOT RELATED TO THE LER	MINAL DISEASE OR COND	TION GIVEN IN PART 110
THE DATE OF OPERSONS 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WH	IICH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121r HOW IN JURY OCCUP	YES NO	YES NO
OR CONTRIBUTION CALISE OF DEA	HOUR A.M. MONTH	DAY YEAR	(Europe Handle Control	
CONTRIBUTION CONSECUTOR (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	211 LOCATION STREET	CITY OR TOW	VN COUNTY STATE
220.1 certify that the hospi	tol) attended the deceased fro	om, 19	, to	, 19, that (I) (we) la
- X	,	O and that in (mu) (and annex	don't a servered or at a ter-	
the dicharded affive on.	t) view the body ofter death.	9, and that in (my) (our) opinion DEGREE	death occurred on the do	22c DATE SIGNED
The state of the s	t) view the body ofter death.	DEGREE ATTENDING (PHYSICIAN)		224 DATE SIGNED
the stronged after on,	t) view the body offer death.	DEGREE ATTENDING (1 MEDICAL STAF	224 DATE SIGNED
the dictarded alive on a constitution of the distance of the constitution of the const	MANN M	DEGREE ATTENDING (PHYSICIAN)	1 MEDICAL STAF	224 DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

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		1 -	FOR STATE REGISTRAR	Last	DEPARTA	CERTIF	CATE OF DEATH	GIENE 2 REG. NO	189	9	
06389	to AUG	26 1. SEX	m	INC. N	NOSE DE	S. DATE C		6. AGE (IN YEARS LAST BRITE	YRS.	SA15 HOURS	5 M
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	alpha be (le	MAE	RESIDENCE IF WATERYLAND	SHO HOME OF CHIEF STATISTICS 13b COUNTY A.A.	PAR SHE WISDINGS BETOM 13: CITY OR TOW EDGEWAS	and the second second	134. INSIDE CITYMATSY YES NO NO NO	105 Dorsey	ZIP CODE (2/03	7
MORE, MAR e executed will and complet	Poges Arb		JOSEPH AS DECEASED EVER NO	IN U.S. ARMED FORCES			ELIZABE II INFORMANT AY CHARLES MATT	TH mapolis, Md. THEWS 814 Bes	21401	VATER	
55, 201 W. PRESTON 57., 84 junes that the death certificat signed by the ottending physi-	nn placks remove carbonphp o bural, cremation, or remova lury, or other traumatic event,	N	Conditions, if any gave rise to im come roll statis	mediate for the DUE 10.	OR AS A CONSEQUE	HICE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR COND		APPECEMANT AND D	KATH
DIVISION OF VITAL RECORDS, 201 DIVISION OF VITAL RECORDS, 201 NG PRYSICIAN. The low requires th antending physician. They shis centificate has been signed.	to the bunds framily permit. It and Mental Hygiene prior to take do them 48 shows any in	CAL	The DATE OF OPERA THE ACCIDENT WAS UN OW CONTRIBUTING [] IN ETHER, NOTEY AND THE MUNICIPAL OF THE SET OF THE	CALDE OF DEATH CALDE OF DEATH CALDE OF DEATH CALLER OF DEATH C	OF INJURY A.M. MONTH D. F.M. E OF INJURY LIBER FACTORY OFFICE F	AY YEAR		196 AUTOPSY? YES AND	IN CERTIFYING C YES []		
O HOSPITAL OR ATTENDIN Guired by the hospital or O HUNERAL DIRECTOR: At	ould be denothed for use on the state Dept. of Health WORTANT: If here 21 is no		as the decear above (1) 1900	(the hopping stronger and office of the book of the bo	the decreased from 100 decorate death.	10	nd that in Imyl tour opinion DECREE ATTENDING PRYSICIAN 22e ADDRESS	death occurred of the day	F 25	on the cause state Diffe Six News	T Ind
BP	213	BUR	TAL NERAL DIRECTOR	REMOVAL FIRE DATE	1987 P	INELA	EMETERY OR CREMATORY WN MEM PARK 25a DA	23d LOCATION CITYOR TOWN Annapol 4 TE REC'D. BY REGISTRAR[2]	COUNT		ate nd

AUG 2 5 1987

DHMH - 16 60M 7/84

(VRA 15, 4)

WILLIAM REESE & SONS MORTUARY, P.A.

STATE OF MARYLAND

0 6 2 0 5 2 AUG -8 8 TEGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 1 9 0 0

					REG. NO.	
DECEASED NAME	FIRST	MIDDLE	LASI	2	DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(1YPE OR PRIN1)	Thomas	Walter	Langley	19.19	August	3, 1987
3 SEX	4 RACE	\$. C	DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
Male	Whi	ite	ctober 18.	1914	72 YRS	MONTHS BAYS HOURS MIN
BIRTHPLACE (STATE OR F	OREIGN 76 CITIZEN C	E WHAT COUNTRY?	ARRIED NEVER MA	0	BALTIMORE CITY OR COUNT	
Maryland	I	70 4		DRCED	Anne Arunde	1 Co
10. CITY OR TOWN OF DEA		F HOSPITAL, NURSING HOUCH FACILITY, GIVE STREET ADDRE			20 USUAL OCCUPATION	126 KIND OF BUSINESS O INDUSTRY Beltone
Glen Burnie		Tall Pines (Salesman	Hearing Aid
USUAL RESIDENCE IN NURS	ING HOME OR OTHER INSTITUTION	13c CITY OR TOWN	(SSION)	Y LIMITS?	30 STREET ADDRESS / ZIP COL)F
Maryland	A A Co.	Glen Burni			7887 L Tall Pir	
A FATHER'S NAME	WIDDIE	LAST		MAIDEN NAME	WIDDLE	LAST
Thomas	н.	Langley	E11:	a	I.	Lester
68 WAS DECEASED EVER	IN U.S. ARMED FORCES		NO. 17 INFORMAN	(Broth	er) ADDRESS 510	Hodges Lane
No	NA	218.01.902	7A Delber	C. La		Park, Md. 211
18 CAUSE OF DEAT	H (Enter only one couse p	er line for (a), (b), and (c)			74-14-14-1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH W	IMMEDIATE CAUSE (a)_	CARDIO RES	PIRATORY	FAILU	RE	
		OR AS A CONSEQUENCE	OF		VIII FIN	
Conditions, if any,		OK AS A CONSCOURTED	HCVD			1970
gave rise to imm	nediate	OR AS A CONSEQUENCE	OF.			
underlying cause	last DOE 10,	OK AS A CONSEQUENCE	Or			
PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED T	O THE TERMIN	AL DISEASE OR CONDITION G	IVEN IN PART 1 a
NO						
190 DATE OF OPERAL 210. ACCIDENT WAS UND	ION 196 CON	DITION FOR WHICH OPE	RATION WAS PERFOR	MED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
FILE					_ ~V	ES NO
		OF INJURY A.M. MONTH DAY	YEAR 216 HOW INJ	JRY OCCURRE	CENTER NATURE OF INJURY IN ITEM IB	
OR CONTRIBUTING C	AUSE OF DEATH		16711			PART (OR PART 2)
	(AL EXAMINER)	P.M.	19			PART + OR PART 2)
21d. INJURY OCCUR	RED 21e PLAC	E OF INJURY	211 LOCATION	1	CITY OR TOWN	COUNTY STATE
21d. INJURY OCCURR WHILE NOT WH AT WORK	RED 21e PLAC		211 LOCATION	1	CITY OR TOWN	
AT WORK AT WOR	RED 21e PLAC	E OF INJURY STREET, FACTORY, OFFICE FARM E	211 LOCATION	19 57	city OR TOWN	
22a.1 certify that (I)	RED 21e PLAC (AT HOME (this haspital) attended	E OF INJURY STREET, FACTORY, OFFICE FARM E the deceased from	211 LOCATION STREET	1957	3110	COUNTY STATE , 19.87 that (1) [Met]
21d. INJURY OCCURE WHILE AT WORK NOT WH AT WORK 22a.1 certify that (1)	RED 21e PLAC	E OF INJURY STREET, FACTORY, OFFICE FARM E the deceased from	211 LOCATION STREET	1957	to_AUG_3	COUNTY STATE , 19.87 that (1) [Met]
220.1 certify that (1) saw the decease above, (1) (1) (1)	RED 21e PLAC (AT HOME (this haspital) attended	E OF INJURY STREET, FACTORY, OFFICE FARM E the deceased from	211 LOCATION STREET OCT ond that in (my) (street)	19 57 opinian de	to AUG 3 ath occurred on the date and ho	COUNTY STATE , 19.87 that (1) Swella ur and from the causes stated
220.1 certify that (1) saw the decease above, (1) (200)	(this haspital) attended of office on the book of the	E OF INJURY STREET, FACTORY, OFFICE FARM E the deceased from	211 LOCATION STREET OCT ond that in (my) (street)	19 57 opinian de	to_AUG_3	19.87 that (I) period our and from the causes stated 22c DATE SIGNED 8-5-87
22a. I certify that (I) saw the decease above, (I) (S) to 22b. SIGNATURE	(this haspital) attended of office on the book of the	the deceased from 0	211 LOCATION STREET — ond that in (my) (my) (my) (my) (my) (my) (my) (my)	19 57 In opinian del	to AUG 3 ath occurred on the date and ho	to STATE 19.87 that (I) per later and from the causes stated 22c DATE SIGNED 8-5-87
220.1 certify that (I) saw the decease above, (I) (A) 22b. SIGNATURE	ithis haspital) attended dolive an JULY and (idid nat, view the bound of the control of the cont	the deceased from 0 y office death.	211 LOCATION STREET — ond that in (my) (my) (my) (my) (my) (my) (my) (my)	19 57 Mediopinion del TENDING TYSICIAN (**)	toAUG3 ath occurred on the date and ha MEDICAL STAFF DIRECTOR PHYSICIAN	to STATE 19.87 that (I) per later and from the causes stated 22c DATE SIGNED 8-5-87
220. I certify that (I) saw the decease above, (I) (26) is 22b. SIGNATURE 22d. PHYSICIAN'S NA Dr. Fran	AME (TYPE OR PRINT) ACTS CODD, 1216 PLACE (AT HOME (A	the deceased from 0 21 dy after death. 19 10.	211 LOCATION STREET OCT ond that in (my) (my) (my) (my) (my) (my) (my) (my)	1957 Meri opinian dei TENDING AYSICIAN Ritchi EMATORY	to AIIG 3 ath occurred on the date and ha MEDICAL STAFF DIRECTOR PHYSICIAN E Highway, Seve	19.87 that (I) period our and from the causes stated 22c DATE SIGNED 8-5-87 2114 arna Park, Md.
220. I certify that (I) say the decease above, (I) (SE) 226. SIGNATURE 226. PHYSICIAN'S NA Dr. Frai	AME (TYPE OR PRINT) ACTS CODD, 1216 PLACE (AT HOME (A	the deceased from 0 21 A office death. 19 23. NAME	211 LOCATION STREET OCT ond that in (my) (graph of the control o	TENDING AYSICIAN X Ritchio	nth occurred on the date and had medical STAFF DIRECTOR PHYSICIAN DE Highway, Seve	19.87 that (I) we later our and from the causes stated 22c DATE SIGNED 8-5-87 2114 2714 200NTV STATE Maryl:

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has should be detached far use as the buriol-transit permit with the State Dept. of Health and Mental Hygiene present MPORTANT: If them 21 is marked or them 18 shaws any milk

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AUG D 6 1987 Jan Schar-Russen

, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	/
PRESTON ST., BA	
DI W	
VITAL RECORDS, 2	
VITA	

0644.93 SEP -2

. . REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSI CERTIFICATE OF DEATH

0	1 3	U	la
2	1	1	10

ENE 4	,	d		
REG. NO			ED.	Г
20. DATE OF DEATH MONTH	DAY	YEAR	26 HOUR	
AUGUST	29,	1987	0945	AM
& AGE (IN YEARS (AST BIRTHDAY)	IF (INDER I YEAR	IF UNDER 24	HRS

12b. KIND OF BUSINESS OR

21061

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Own Home

Floyd

INDUSTRY

LAST L DECEASED NAME MIDDLE (TYPE OR PRINT) page 3 LASLEY ROSE I.EE 4. RACE 5. DATE OF BIRTH director, po 3 SEX MONTH DAY YEAR Female White April 28, 1901 86 TO. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY Missouri U.S.A. WIDOWED DIVORCED IX 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) NORTH ARUNDEL HOSPITAL GLEN BURNIE Homemaker USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1136. COUNTY 1137. CITY OR TOWN Anne Arundel Glen Burnie 13a. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland NO X 604 Mayo Road YES [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME N MIDDLE FIRS pup Chadduch Thomas T. Ida B. ADDRESS medical 66 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (Grandson) 114 Mountain Rd. Apt.3B Glen Burnie, Maryland LIF YES, GIVE WAR OR DATEST (YES, NO OR UNKNOWN) No N/A 498-32-2683 Mr. David M. Lasley CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO traumatic Conditions, if ony, which gove rise to immediate couse (o), stoting the ar ather underlying couse a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 any 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED TOO AUTOPSY 206. IF YES, WERE FINDINGS USED Ď b IN CERTIFYING CAUSES OF DEATH? has shows ial-transit pe and Mental Hygiene YES [] NO 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) or Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f LOCATION this 21e. PLACE OF INJURY CITY OR TOWN STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 morked NOT WHILE AT WORK 22s.1 certify that (1) (this hospital) attended the deceased from sow the deceased plive on above. (1) (we) (did) (did not) New the body ofter depth. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated Dept. 226 SIGNATURE DEGREE detach * ATTENDING MEDICAL STAFF should be detai PHYSICIAN PA FUNERAL IMPORTANT: DIRECTOR | PHYSICIAN 22e ADDRESS 605 BALTIMORE-ANNAPOLIS BLVD. SEVERNA PARK, MARYLAND 21146 MISTAFA_C OZ 0 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Septo CITY OF TOWN I SPECIEVE Lake Charles Mem. Pk.

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR 1 Second Ave. S.W. Singleton Funeral Home Glen Burnie, Md. 21061

St. Louis

St.Louis Missouri 256 REGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

STATE

YES [

66

MOTES AND A STATE

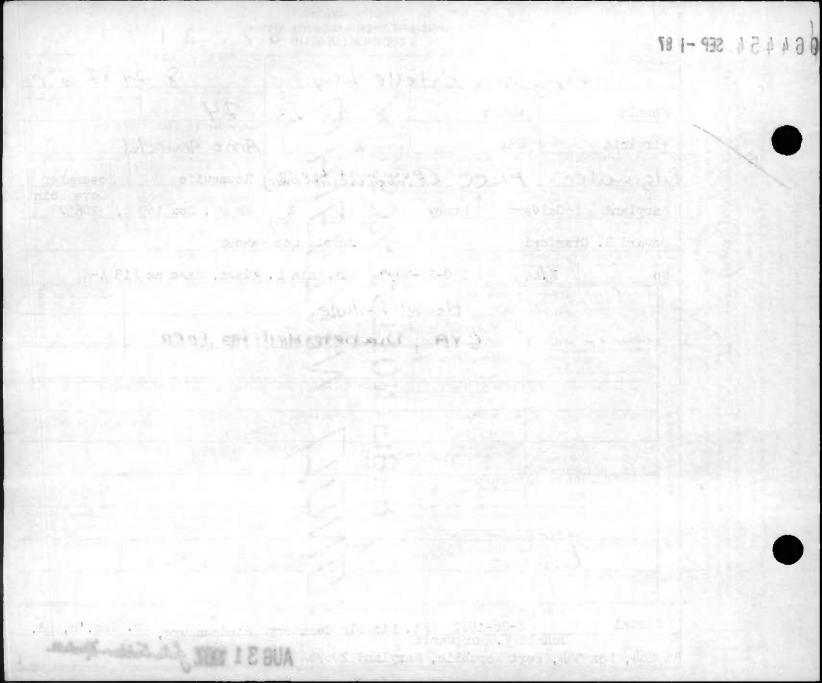
SDOUN KLD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	87	FOR STATE REGISTRAR		DEPARTM		ICATE OF DEATH	IENE 2	. 1 9	0 3	
	(TYPE	CEASED NAME FIRST	ainic	Este	lle	Lay		S 24	184	6 PM
	3 SEX		RACE		5. DATE C	OF BIRTH YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
-	-	emale RTHPLACE (STATE OR FOREIGN	White	WHAT COUNTRY?	8	23 /3	74	YRS		
7		irginia	USA	WHAT COUNTRY?	MARRIE		BALTIMORE CITY O	K COUNTY C	/ LEATH	
1		ITY OR TOWN OF DEATH	11. NAME OF	TH FACILITY, GIVE STREET A	DDBECGI	DROTHER INSTITUTION	12a USUAL OCCUPATI	F WORKING LIFE)	INDUSTRY	BUSINESS OR
Z	13a. S Ma			GIVE RESIDENCE BEFORE A 134. CITY OR TOWN		YES NO X	Housewife 13. STREET ADDRESS A SR #2, Bo	ZIP CODE		Point Ro
4		eward B. Cran:	ford	LAST		Bessie Lee I	WIDDLE		LAST	
2		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUR		17 INFORMANT	ADDRE	55		- INC
4	N		V/A.	230-26-1	1893	Virginia L.	Adams, Sam	e as #		NATE INTERVAL
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O DUE TO, O Colored DUE TO, O (c)	RAS A CONSEQUENT ON TRIBUTING TO DO	Dia NCE OF	Adupe Abetes Mell	itus Cof		V IN PART 110	
1	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b IF YES, YES	WERE FINDING ING CAUSES (GS USED DF DEATH? NO
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY .M. MONTH DAY	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER HATURE OF INJUI	RY IN ITEM 18 PAR	1 I OR PART ?)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	1	22a.1 certify that (1) (this has saw the deceased alive abave, (1) (we) (dight) (dight)	an	.19	, ar	nd that in (my) (aur) apinion d	, ta an the do			hat (II (we) last auses stated
		22b. SIGNATURE	nun			DEGREE ATTENDING PHYSICIAN	MEDICAL STAR		22¢ DATE S	IGNED
		22d PHYSICIAN'S NAME (T	PE OR PRINT)			22e ADDRESS				
		BURIAL, CREMATION, REMOVE	8-26-	1987 Ft.		coln Cemetery	23d LOCATION CITY OR TOWN Bladenshu	ra Pr	Geo.	s, Md.
	24 FU Rt		nald V. H	public, Ma		25a DATE	REC'D. BY REGISTRAR	WE REGISTR	AR'S SIGNATU	ndest.

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJÉNE CERTIFICATE OF DEATH

	2	1 7	0	T	
	REG. N	10			
0	DEDEATH	MONTH	DAY	YEAR	26 HOUR

100	U.T. 67.									
	ECEASED NAME FIRST	. 6 8	MIDDLE IN DIA	LAST			O DATE OF DEATH	-/	DAY YEAR	26 HOUR
a	Titom	AS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TL					3 87	11 AM
1. SE	×M 1	4 RACE	5. 0	ATE OF B	IRTH DAY YEAR		AGE (IN YEARS LAST BIR		FUNDER I YEAR	HOURS MIN.
	l'IALe.	(08		10	-38	YRS		
	INTHPLACE CLIMITORPORCON	76. CITIZEN OF	WHAT COUNTRY? 8	400,000	NEVED AS A DOSE	9	BALTIMORE CITY O	RCOUNTY	OF DEATH	
- 1	COUNTRY)	US		DOWED [NEVER MARRIED DIVORCED		Anne	Arund	۵1	WD
90.0	England ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING H	OME OR C		N	20 USUAL OCCUPATI	ON	126 KIND O	F BUSINESS OR
	Annanolis		ch facility, give street abore Arundel		ral		Economi:		INDUSTRY Sel	f-Emp.
OSC	Annapolis	AE OR OTHER INSTITUTION			Lai					-
	100742	OUNTY	13c. CITY OR TOWN		I INSIDECITY LIMI	ITS?	1806 Mil.	ZIP CODE		21401
	Md. ATHER'S NAME	ne Arund	del Annap	-	MOTHER'S MAIDE			illug	e cou.	IL
17	1997	MIDDLE	Lindahl	17	Gertr		WIDDLE		Car	lberg
1	Eric	G.				uu	ADDRE	ec .		
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	S GIVE WAR OR DATES)	166 SOCIAL SECURITY	NO. 17	INFORMANT				um Pa	
	No		219-54-89	64 F	ric G.	Lin	dahl Ale	xandr	ia, V	a
	18 CAUSE OF DEATH (Ente	anly one couse pe	r line for (a), (b), and (c).	1)		BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CA	USED BY: DIATE CAUSE (0)	CHRONI	C 8,	MIBLOGI	AUC	103 LEV	1CISMI	10-	
	I I I I I I I I I I I I I I I I I I I		DAGA CONSTOURNED	0.5						
1	Conditions 16 bish		R AS A CONSEQUENCE	OF						
1	Canditions, if any, which gave rise to immediate									
	cause (a), stating the underlying cause last		R AS A CONSEQUENCE	OF						
		(c)								
z	PART 2 OTHER SIGNIFICAL	nt conditions <u>c</u>	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE	ETERMIN	IAL DISEASE OR CON	DITION GIVE	EN IN PART 1	0
CERTIFICATION	W. B. W. OF OHTELVIOL	Ties cons	DITION FOR WHICH OPE	DATIONIN	VAC DERICORATED		700 AUTOPSY?	TOOL IE VEC	, WERE FINDIN	NOS HISED
Ü	INE DATE OF OPERATION	196. CONL	JIION FOR WHICH OPE	KATION V	VAS PERFORMED		200 AUTOPST		YING CAUSES	
E							YES NO	YES		NO 🗆
2	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	110110 4	OF INJURY	YEAR 2	IC HOW INJURY O	CCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
FA	(IF EITHER NOTIFY MEDICAL EXAM		.M.	19						
MEDICAL	21d. INJURY OCCURRED		OF INJURY		I LOCATION		CITY OF TO	WN	COUNTY	STATE
2	AMIE NOT WHILE	(AT HOME S	TREET, FACTORY OFFICE, FARM	1()	SINCE		(11.0			
	220.1 certify that (1) (this h	aspital) attended t	he deceased from	19.83	19_		10 8/13	187	19	that (I) (we) last
	saw the deceased alive	« l.	2/87 19			pinian de	eath occurred on the d	ate and haur		
	abave, (1) (we) (did) (di		y after death		REE				22c DAE	
	22k SIGNATURE	11000		DEC	ATTENDI	ING	MEDICAL STA	FF	1//	3/00
	way!	NARANN	m m ~	_	PHYSICI	IAN	DIRECTOR PHYSIC		10/1	2/8/
	274 PHYSICIATHS NAME (1	/ 4		27	e ADDRESS					
	15/1	1671K1.	NS							
23a	BURIAL, CREMATION, REMO	VAL 236. DATE	Z3c NAM	E OF CEM	ETERY OR CREMAT	TORY	23d LOCATION			
	Cremation	8/14/	87 Wes	tvie	w Crema	tor	Baltimo	ore	A.A.	Md.
24. F	FUNERAL DIRECTOR	10, 11,	0				REC'D BY REGISTRAR			RE .
					-		4	A A	13	Va. BARB

DHMH - 16 60M 7/84

(VRA 15, 4)

Hardesty Funeral Home

Annapolis, Md.

AUG 1 4 1987

DHMH - 16 60M 7/

(VRA 15, 4)

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FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE/ CERTIFICATE OF DEATH

2 REG. NO.

		CEASED NAME	FIRST		IDDLE	ı	ASI LYNCH	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	1
	{ TAPE	OR PRINT!	lic	2 F	+	4	unch	8/2/87			70	AM
	3. SE)	(4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER ?	4 HRS
		Female		Cauca	25191	Au	g 29,1909 YEAR	77	YRS.	VIHS DATS	HOURS	MIN.
9		RTHPLACE ESTATE OR FO	REIGN	16. CITIZEN OF V	VHAT COUNT	DV2 8	D NEVER MARRIED XX	9 BALTIMORE CITY O	R COUNTY O			
	Ne	York		United	States	WIDOWE		Anne Aru	ndel Co	unty,		MD.
5		TY OR TOWN OF DEAT	Н				OR OTHER INSTITUTION	12a USUAL OCCUPATI		126 KIND OF	F BUSINES	SOR
0		apolis					Hospital	Attendance			York	City
<	130 S Ma	AL RESIDENCE (IF NURSIN	IG HOME OR	Arundel	136 CITY OF T	OWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS				
0			AIIIIC	AI dilidei	CTOTO	Jil	YES NO	1850 Neuma	ann Way	2111	4	
7	.14 FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS1	T	
		Frank			Lyne	ch	Margare	t		Brenn	nan	
1		VAS DECEASED EVER I		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	1850	Neuman	n Wav		
1		NO	•	™ ₩	112-16	5-1994	Valentine F.	Lynch Crof	ton, Ma	ryland	21	114
		18 CAUSE OF DEATH	Enter on	ly one couse per	line far (a), (b)	, and icui	1		1	BETWEEN	MATE INTERV	AL DE ATH
9		PART I. DEATH WA		D BY: E CAUSE (o)	Card	is- 102	DINO TONE	1 (PARER	+	-	-	
,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		AS A CONSE	OHENCE OF	1 , 11					
		Canditions, if any	which	DUE 10, OR		ges tri	e deart	Failund		54	ero	
	gove rise to immediate									6		
	1.0	cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10										
	N	THE STREET	,,,,,,,,	.0.101110110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TO BENNIE	NOT RECAILED TO THE TERM	MITAL DISEASE ON COIL	DITION ONE	IN THE PROPERTY.		
0	ATI	190 DATE OF OPERATI	ION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, V	VERE FINDIN	GS USED	
×	CERTIFICATION	S 34						YES NOXX	IN CERTIFYIN	NG CAUSES	OF DEATH	1?
	3	210. ACCIDENT WAS UNDE	RLYING [21c HOW INJURY OCCUR			TORPART 21		
7	_	OR CONTRIBUTING C				DAY YEAR						
	MEDICAL	21d INJURY OCCURRI		21e PLACE C	OF INJURY		211 LOCATION			-		-
	W	WHILE NOT WHILE	E 🗍	(AT HOME STR	EET FACTORY OFF	ICE FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	51.	ATE
		22a. I certify that (I) (700	tal Pattended the	deceased fro	m Qu	9 / 10 97	10 Qua	2 10	87	that III w	Nort
		saw the deceased	d alive on	aug	/	07	nd that in (my) (aur) opinian	death accurred on the de	ate and have o			and the same of th
		abave (D(we) (di 22b. SIGNATURE	d vidid no	yiew the body	ofter deoth.		DEGREE			221 DATE		
		BILL		016	4	Pa	ATTENDING	MEDICAL _ STAI		2/2	105	7
1		728 PHYSTCIAN'S NA	AAE (1900)	O DODAY	yours	0 /1	PHYSICIAN L	DIRECTOR PHYSIC	IAN	0/0	18	_
1		BARR	PX	NA	THAIS	50N	51 FRANT	KLIN ST.	ANSI	AP	ml	
	23a B	URIAL, CREMATION, R	EMOVAL	236 DATE		13c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		de de la constante	lun.	esta :
	Re	moval/Buri	al/	AUG 5,	1987	St. Joh	n's Cemetery	Queens, G	ueens.	New Y	ork	No.
84	24 FU	JNERAL DIRECTOR	Cuil	le Malat	16000	Annapo.	Lis Road 250 PA	E REC'D BY REGISTRAR		DIGN AT	40.1	: 5
	Be	all Funera	I Hon	ie —	Bowie	MD 20	0715-3043 AU	1600 198/	Survey &	Michigan	Commission	4

20715-3043

Bowie, MD

around purific tracks

Come Armedel County,

1	3. S 70. N	US 136 N	MEDICAL CERTIFICATION
-	694	1/24	79
HUU	Bled to bre	icol Cardinal Countries nu	h the State Dept. of Heolth and Mental Hygiene prior to buritif, cremmers or removal. PORTANT: If hem 21 is marked or hem 18 shows gay in jury, or other transmittie event, the predical
6	the Yuneral director, page 3 d within 72 hours after death	d completely filled in by est, and 2 should by tile	FUNERAL DIRECTOR, After this certificate has been upted by complemental physicism and completely filled in by the Notice of landed an about a bound to the buriol-transit permit. Then please a continue from a second and a second a second and a second and a second a secon
		Control of Control of Control	ined by the hospital or attending physician.
U	death Page 4 may be	ecuted within 24 hours	HOSPITAL OR ATTENDING PHYSICIAN; The low requires thou the destit certificate be executed within 24 hours
0 1	•	RE, MARYLAND 21201	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
U			

WC 1	1812 AUG -	1	FOR ILL FILM	6630 8-4-8	DEDAI		E OF MARYLAND EALTH AND MENTAL HYG	IENE ()	21906
001	O I Z AUG -	1	FOR THE FIRST		DEFAI		ICATE OF DEATH	REG. NO	2 / EDT
		1. DE	CEASED NAME FIRS		MIDDLE		AST	28 DATE OF DEATH M	
/	1 11 /00		JOHN		DSEPH		KENNA	AUGUST	01, 1987 715 P
	1 24	3. SE.		4. RACE		S. DATE O		6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
	10 mm	2.0	Male	Caucas	SION WHAT COUNTR		- 2 - 09	77 78	3 YRS.
	1/11/0/	Ne	RTHPLACE (STATEORFORÊIGE OUNTRY) W YOCK		States	MARRIE	D NEVER MARRIED DIORCED		ARUNDEL COUNTY
51	21/	10. C	GLEN BURNI	(IF NOT IN SL	HOSPITAL, NUR UCH FACILITY GIVE STI R'TH ARUN		SPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF VACANINISTRAT	WORKING LIFE) INDUSTRY
AND 212	filled in	13a. S		ME OR OTHER INSTITUTION OUNTY AMGEN	134. CITY OR TO Clemen	NWC	134 INSIDECITY LIMITS?	13. STREET ADDRESS 367 Millbri	idge Apts./08021
MARYL	de de la composición del composición de la composición del composición de la composi	JA. EA	THER'S NAME FIRST John	MIDDLE J.	McKenn	a	Elizabeth	MIDDLE	Sheehan
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	Tong of		VAS DECEASED EVER IN U.S. (ES. NO OR UNKNOWN) (IF YES.	S. ARMED FORCES? S. GIVE WAR OR DATES! WW II	166 SOCIAL SE 085-26		Mrs. Patrici	a Ambrose N	34 Broadleaf Court Willersville, MD
T., BALT	ongopers mayed, the		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er anly ane cause pe NUSED BY DIATE CAUSE (a)_	Muent	4 . 6	Anemia &	and Myelay	APPROXIMATE INTERVAL APPROXIMATE INTERVAL ANTWERN ONSET AND DEATH APPROXIMATE INTERVAL APPROXIMATE INTERVA
ESTON			Conditions, if ony, which	h ((b)_	DRAS A CONSECUTION	DUENCE OF	15 - PreLeul	Lemiq	1 month
W. PR	W.		gove rise to immedio- cause (a), stating th underlying cause las	e DUE TO.	OR AS A CONSECUTION	QUENCE OF	topenia and	Splenoney	aly 1 year
RDS, 20	equires. 1 Then pile to burie rejury, or	NO	PART 2. OTHER SIGNIFICA	NT CONDITIONS	ONTRIBUTING 1	O DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDI	TION GIVEN IN PART 110
IL RECO	The law nation. The has be not permit permit given prior	CERTIFICATION	19a DATE OF OPERATION	19b. CON	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
OF VITA	HYSICIAN: The ding physicio physicio is certificate buriol-transit mental Hygies or them 18 skp		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF EITHER NOTIFY MEDICAL EXA	DE DEATH HOUR	OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED {ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
VISION	G PHYSIC attending ter this cer s the burio s ond Ment	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY	CE, FARM, ETC.)	211 LOCATION STREET	(ITY OR TOWN	N COUNTY STATE
۵	TENDIN or use of f Health		220.1 certify that (I) (4)	e an SIO	(18/2) 19	1	nd that in (my) (opinion	deoth occurred on the date	e and hour and fram the causes stated
	TAL OR ALL yr the hosp RAL DIREC detoched for tote Dept.		above, (I) (ma) (elid) (d	tot &	Kh-0	3	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
	E a m a a A		174 PHYSICIAN'S NAME	LINE DE MINITI	0		22e ADDRESS		D ROAD, SUTTE 203
	TO HOSS TO FUN should b Mith the	230	FILIOT SURIAL, CREMATION REMO SPECHY) BUTIAL	C GORBATY	12	C NAME OF	EMETERY OR CREMATORY	BURNIE, MARY	
901	998P19					New St.	Mary's Cem.	Beilmawr,	
11	DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	INERAL DIRE ROBER		RANCO		250 DA	ECEO O ACISTAN	SE REGISTRAR'S SIGNATURE RE-
	(,		SEVERNA	PARK, MD	2114	2			

DOTROCK EMPLOY OTHER

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIER	
CERTIFICATE OF DEATH	

064	158 AUG	31/8	STATE REGIS	TRAR			DEPAR		ICATE OF DEATH	L HYGIENLE	REG. NO	0.		EDT
		NE	ECEASED		FIRST		MIDDLE	ı	AST	2 a . C	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	noy be poge 3	XOL	THPE OR PRINT)	MAR	IE	E		MEAF	RS		AUGUST	2	6, 1987	1249 AN
	ctor. pog s ofter de	3	SEX F	emale		RACE Whit	e	5. DATE O	5.28°,190°5		GE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
	nerol dire	5	Mary	land	FOREIGN 1	CITIZEN OF	WHAT COUNTRY	(2.18	D NEVER MARRIED	9 B	ANNE ANNE	R COUNT	Y OF DEATH	IY MD.
10	s ofter d	4	CITY OR T	OWN OF DE		11. NAME OF (IF NOT IN SUC NORT	HOSPITAL, NURS CHEACILITY, GIVE STRE THE ARUND	EL HOS	PITAL	CTYP	USUAL OCCUPATION WOST OF WORK FOR MOST OF COMMON TO THE CO	OF WORKING L	LIFE) INDUSTRY	ohone Co
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BALTIMORE, MARYLAND 2120	within within	Sumos 1	I. FATHER'S	name ohn	f	AIDDIE	Gribbi	in	15. MOTHER'S MAIDE		G . MIDDLE		Kne	ĺı
IMORE,	be executed on and comp	Medico	VAS DEC	EASED EVER		MED FORCES? WAR OR DATES!	212-05		Ruth T	horle	ADDRE		above	
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OF VITAL	phys phys refico			TRIBUTING	CAUSE OF DEAT	TH HOUR A	OF INJURY M. MONTH	DAY YEAR	21¢ HOW INJURY O					
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	d 10 ()	2 t is mg				ol) ottended the	he deceased from 19 y after death.	87.0	nd that in (my) (our) op	inion death	to 8-26	ote and ha	our and from the	
	o e d	E		SNATURE		200	27	2		IAN DI	POICAL STA		22c. DATE	26-87
	O HOSPITAL efoined by t TO FUNERAL thould be de-	MOSTANT.	22d. PH	SANG	C. DOH				224 ADDRESS GLEN		QUAHART E, MARYL		21061	
	E 2 F		3a BURIAL, (SPECIFY)	CREMATION	,	236. DATE	/1 0 0 7		EMETERY OR CREMAT	-	3d LOCATION	0 03	ty Md.	STATE
	BP	-	A SUNIER	Burj		0/28/	1987	New C	athedral	Cemt				71105
	DHMH - 16 50M 1/1 (VRA 15, 4)	В1	4 FUNERAL	Jully	Fune		ome ADDRESS	2	1100'		D BY REGISTRAR			IURE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

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March 1			18	
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4	, 01	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	13 1		
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1	filler.	ORPRINTI	CARL	LEUNARD	m	EEKINS		13	87	610 M
1	3. SEX		4.	RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH	DAY) IF UN	DER I YEAR	IF UNDER 24 HRS
	1	nale		white	Jar	1 10.5	12	YRS		
		OUNTERS	FOREIGN 76	CITIZEN OF WHAT COUNTE	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF	DEATH	
2	m	arulan	3	USA	WIDOWE		Hone A	rund	la	MD.
1	10 CT	TY OR TOWN OF DE	ATH 11	I. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N I	26 KIND OF	F BUSINESS OR
2	A	mapol	is F	Jone Arundi		enal Hospital			Post	Office
-	USUA 130. S		136 COUNT	THER INSTITUTION GIVE RESIDENCE BE		138 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
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6	1	loseph	Thom	as Mecki	ns	Marga		Po	pha	
		AS DECEASED EVE	R IN U.S. ARME	ED FORCES? 166 SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDRES	s Sar	ne a	2
		es	1944-	1946 214-01	0-0583	Mary S.M	leekins-	#	13	
		IN CAUSE OF DEA	TH (Enter only	one couse per line for (a), (b),		11011	444		BETWEEN	MATE INTERVAL
		PARTI. DEATH	IMMEDIATE		rible	1/ WWW	NVV	100	Sever	W MINTE
П				DUE TO, OF AS A CONSE	DUENCH	Landa del	On a un star	Luda	44 . 4	7
		Conditions, if on		(b) Server	- WW	the security	THE SAME THE	1000 (11)	1121	
		couse (a), stat	ing the	DUE TO, OR AS A CONSE	QUENCE OF		0			
		underlying cous		(c)						
	z	PART 2 OTHER SIC	SNIFICANT CO	INDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIVEN I	N PART 110	
	CERTIFICATION	19a DATE OF OPER	ATION	1196 CONDITION FOR WHI	ICH OBERATIO	ALLWAS DEBEODATED	20a AUTOPSY?	20b. IF YES. WI	EDE EINIDIN	ICC LISED
Z	FICA	IVE DATE OF OPER	ATION	176 CONDITION FOR WA	ICH OPEKATIO	IN WAS PERFORMED		IN CERTIFYING		OF DEATH?
	ERTI	21a. ACCIDENT WAS U	NDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURE	YES NO	YES [08.8487.21	NO 🗆
1		OR CONTRIBUTING		LIGHT A 14 MONITH	DAY YEAR	The Front Brown Occom	LEWISK WATORS OF HATOR	IIA II EW I D. LAKI I	OR FART 2)	
	MEDICAL	21d INJURY OCCU		P.M. 21e PLACE OF INJURY	19	211 LOCATION		716	-	
	ME	WHILE NOT V		INT HOME STREET, FACTORY, OFFI	CE, FARM, ETC	STREET	CITY OR TOW	٧	COUNTY	STATE
		AT WORK AT W	ORK		FILE	MM/	(AMARIT	-17	17	
		sa thousand	ed alive on	Dattended the deceased fro	U	nd that in my) (our) opinion	death occurred on he dat	e and hour on-	7	thot (I) (we) lost
		17h SIGNATURE	did (dib not)	view the body after death.		DEGREE			22c DATE	
			MIA	1 1000		ATTENDING _	MEDICAL STAFF		0/14	1/47
H		220 PHYSICIAN'S N	AME (TYPE OR P	RINTI		PHYSICIAN 2	DIRECTOR PHYSICIA	N []	41	1101
		12 (0	lagh	MI		nn	Links AVI	1	0.00	Te MI
-	22a B	URIAL, CREMATION	110	236. DATE 2	2. NAME OF C	EMETERY OR CREMATORY	1234 AOCATION	· 400	apo	112,1110
	230 8	SPECIFY)	, HEMOVAL	0.0151001	St IV		CITY OF TOWN	· e 15	UNITY	mill
	24. FJ.	INERAL DIRECTOR		408 12'118 11	211	nne's	E REC'D BY REGISTRAR 2	Sh REGISTRAR	S SIGNAT	LIRE
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1	10	ALOY I	MILEA.	mx chaper	HIII	ועוו, כווטץ	0		-	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has a should be detached for use as the buriol-tronsit permit the State Dept of Health and Mental Hygeree a MPORTANT: If them 21 is marked or Item 18 shows and

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

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		I	tem 18a,21a,b,c,d,e			MARYLAND	Walter 6		
63	O O O AUG	AT	GG32 per med	exam MEDICAL	EXAMINER'S	H AND MENTAL H	ERRATE	NO.	0 4
		T. DE	CEASED NAME FIRST	WIDDLE		LAST	20 DATE KNOWN	MO,	DAY YEAR 26 HOUR
	2000年世	LIM	PE OR PRINT) Berna	dette M	. M	ellor	OF ESTI- DEATH MATED		11 19 87
	50000	3. SE		5 DATE OF BIRTH MONTH DAY YEAR		UNDER I YR. IF UNDER	24 HRS 20 DATE MIN PRONOUNCED	MONTH	DAY YEAR 28 HOUR
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	HE STATE OF THE ST	FC	PREIGH COUNTRY)	U.SA	MAR WIDO	RIED NEVER MARRI		_	ounty, MD
	S S S S S S S S S S S S S S S S S S S	10. C	Pasadena	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 8258 RIVER			120 USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK 121	D. KIND OF BUSINESS OR INDUSTRY
1001	ANY DE		AL RESIDENCE IF IN NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDEN		13d INSIDE CITY LIMITS?	13. STREET ADDRESS	IE OSI	21/20
-	生心 经	III, F.	ATHER'S NAME	MIDDLE	HOMBER	15. MOTHER'S MAIDE	NNAME	EKSIL	E DC
23	E SE	VE	-RANK	20	HNELDER	MARY	WIDDLE	AN	DERCYX
	AFTER INCEPA	160. \	WAS DECEASED EVER IN U.S. ARM (ES, NO, OR YNKNOWN) (IF YES, GIVE W		OCIAL SECURITY NO.	17. INFORMANT	MELLOP	PASAN	RIVERIDE ENAZUA
	NO SERVICE A		18 CAUSE OF DEATH (Enter only			XYPHENE & AMIT	RIPTYLINE INTOXIO	CATION	APPROXIMATE SITEMAL BETWEEN ONEY AND DEATH
	CA HOLLONG LONG PERMI GIENE,		PART I DEATH WAS CAUSED IMMEDIATE	E CAUSE (o) SCIZULE		complication	g multiple so	lerosis	
3	THIN 24 I	13	Conditions, if ony, which	DUE TO, OR AS A CO	NSEQUENCE OF				
	UTED WITHIN IN PENCIL III EXAMINER IIAL - TRANS	191	gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CO	NSEQUENCE OF				
100	UTED IN PI EXAL- ON, O		lying couse last.	(61	CHARLES AND			22	
6	S CRITICATE SHOULD BE EXECUTED W S CRITICATE SHOULD BE EXECUTED W ROED TO THE CHIEF MEDICAL EXAMINE: E SHOULD BE USED AS A BURIAL - TR E DEFARTMENT OF HEALTH AND MENT OF PRIOR TO BURIAL.		PART 2 OTHER SIGNIFICANT CONDITIONS CO	DATRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISE.	ASE OR CONDITION GIVEN IN PAI	RT 1 (a)		
	P BE EXECTED BY WEDICAL AS A BUCAL CREMAT	CERTIFICATION	190. DATE OF OPERATION	Trat contribution for	WHICH OPERATION	WAS DERECONEDO			
	MEF HEF OF H	FICA	170. DATE OF OFERATION	198 CONDITION FOR	WHICH OPERATION	WAS PERFORMED?			20 AUTOPSY?
3	WORD WORD WE CHIE WE CHIE WE CHIE WE BUR	H H	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c.	HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2	YES 🔀 NO 🗌
2	S SHOOT S	3	UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	-11 1987	Subject inges	ted propoxyphene	& amitri	ptyline
	OED DED	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE (X)	21e PLACE OF INJUR STREET, FACTORY, FARM,		OCATION STREET	CITY OR TOWN	COUNT	TY STATE
	PAN WA	1	WHILE AT WORK AT WORK	Home	8.	258 Riverside	Dr. Pasadena, A	.A., MD.	
	日本 〇 第 十 六		220. I certify that I took charge	of the remains described ob	ove, held fill Auto	Inspection	lnquiry .	ond in my apini	on
0	AAMI RTIFI RECT ITH RYL/		death resulted from: Natura	ol couses Accept	M. Start	Hamicide	Undetermined manner	_],	
	MI DI		ACTUAL SIGNATURE	Lix 1- XX	W 115	Assistant	MEDICAL EXAMINER	DATE SIGNED	8/12/87
	Ner SHIP	1			1	m.U	MEDICAL EXAMINER	SIGNED.	0,22,0
	TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH TO FUNERE, MARYLAT I		(TYPE OR PRINT)Md	rio F. Golle,			11 Penn St.	Balto.N	ÆD.
02.4		23a.B	URIAL, CREMATION, REMOVAL 23	DATE 231.	NAME OF CEMETERY	OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	ni^k
07/8 25M	DHMH - 17	24 F	UNERAL DIRECTOR	3204 M	BUNTAIN	P. 250. DATE R	REC'D. BY REGISTRAR 25b. RI	EGISTRAR'S SIG	NATURE
	(VR A15 ME (5))	10	ICCULLY F. H.	PASADE	NA MD	21/32AUG	1 7 1987	in Deviden	n-hundalle

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age 4 min	3,58	Femal	e	Whi	te	Februar	y 23 190		ACCOUNTS AND ADDRESS OF THE PARTY.	PUNDER I	SAYS HOURS ANN.
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1 11 1/	V.	morrownofd othian		Brashear	rs Care	Home	IER INSTITUTION		OCCUPATION KACHMONT OF WORK DWN	ING HEL INDUS	ND OF BUSINESS OR STRY GOV.
no 24 hours	illa.	AL RESIDENCE IF M STATE MD. ATHER'S NAME	A.A.	A 17	CITY OR TOW	N 134 II YES	NSIDE CITY LIMITS	4201 8	ands Rd	Committee of the Commit	
102	10	Unknown was deceased evi	R IN U.S. ARM		LAST SOCIAL SECU	O V	tiest.	Unknown	ADDRESS	1 3	CALIT
1 200 1/	-	NO.		1	578-48-	7803 Cat	thy Churc	h Box	157 Sol	omons,	M.D. 20688
resources that the death certification is preed by the attending print that the transmission of terminal relationships and the transmission of the terminal relationships and the terminal relationships are the terminal relationships are the terminal relationships are the terminal relationships and the terminal relationships are the terminal relationship	ATION	Conditions, if garagers is a cause is a state of the condens of th	mmediate ting the ne lost.	DUE TO, OR A	w	,	ELATE OF THE THE	SAMPLAI DISEAS		YES, WERE FI	INDINGS USED
MG PHYSICIAN The la ditending physician the the eerlicals has a so the building per in and Mental Pagent in and Mental Hygiens	MEDICAL CERTIFICA	216. ACCIDENT WAS INCOMEDIATED TO CONTRIBUTION OF THE PROPERTY	CAUSE OF DEAT (DICALEXAMPLE) JRRED	P.M. Zle PLACE OF	MONTH D	19 211.1	DCATION SIME?		jury	YES 🗌	
HOSPITAL OR ATTENDER INTENDER A FUNERAL DIRECTOR. A fold be delicated to the time of the folder of t	-	22a.1 certify that saw the de obovey (1) (2) 25 SIGNATURE	dive on	3/9/	1 m	DEGRI	E	MEDICAL DIRECTOR	STAFF	271. 5	m the course stored DATE SCHED
₽# 241 ¥—	73a.	BURIAL CREMATION		28 DATE 8-11-87		NAME OF CEMETE	RY OR CREMATOR	Suit	CH TOWN	P.G.	M.D.
DHMH - 16 50M 4/83 (VRA 15, 4)		Creamatio		Owings		MD.	15e 1	DATE REC'D, BY	87	SOMEON	- Monstella

062854 AUG 1787 brish Femile Ellette Commit Messelle CONTERDIDA OCCUPACIO E MANAGE Providence of the state of the Compact Children Collection

3 1116	1	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		NE 8 7	2 1	9	1 !
O AUG		CLASED NAME	FIRST		MIDDLE		AST	1	O DATE OF DEATH	MONTH DAY		26 HOUR
40		Mab	el	Sto	ckton	Mer	chant		0	8 25	87	3:30P
A.	3. SE	x Female		Cauca	sian	5. DATE C			. AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS MIN.
179	Kı	RTHPLACE (STATE OR F COUNTRY) NOXVILLE,	Tenn	U	WHAT COUNTRY?	WIDOWE		S Z	Anne Arundel (FDEATH Count	y _{MD.}
100	I	ITY OR TOWN OF DEA		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 2025 Southaven Road			N 1	20 USUAL OCCUPATE TYPE OF WORK FOR MOST O Attorney	F WORKING LIFE!		atent	
18	130.	AL RESIDENCE (IF NURS STATE MD	13h COUN		GIVE RESIDENCE BEFORE 13; CITY OR TOW Annapo	ndmission)	13d INSIDECITY LIMI YES NO K	its? 1	STREET ADDRESS /	zip cobe chaven	21401 Road	
120	14, F.	Joe first	Kel	Ly Ly	Stoc.	kton	15. MOTHER'S MAIDE Kate	EN NAME	WIDDLE	Ten.	Brace	lford
Poges medical		WAS DECEASED EVER YES, NO OR UNKNOWN) Yes		WAR OR DATES)	408-18		Elizabe	th 1	ADDRE Knack	Same	as #1	.3
rtending shyterical confidence of the confidence		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED IMMEDIATE	BY: CAUSE (a)	120	ater	Arres				BETWEEN (MATE INTERVAL INSET AND DEATH
ed by the a leose remo ial, cremot ar ather tra		gave rise to imm couse (a), stotin underlying cause	g the last	(c)_	R AS A CONSEQUE							
Then p r to bur injury,	NO O	PART 2 OTHER SIGN			entributing to t	DEATH BUT	NOT RELATED TO THE	E TERMIN	AL DISEASE OR CONE	OITION GIVEN	IN PART 110	
1000	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDITION FOR WHICH OPERA			N WAS PERFORMED		200 AUTOPSY?	20h IF YES, W IN CERTIFYIN YES [NG CAUSES	
19		HOUR AM MONTH		M. MONTH DA	AY YEAR	21c. HOW INJURY O	CCURRE	O (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)		
ther this to the bu- th and Market or	MEDICAL	21d INJURY OCCURR	ILE 🗖	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TOV	WN	COUNTY	STATE
4 20 6		22a I certify that (1)	(this hospite	ol) ottended the	deceased from_				_, to	. 19		that (I) (we) lost

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

23a. BURIAL, CREMATION, 08/26/87

22e ADDRESS

DEGREE

ATTENDING PHYSICIAN

Baltimore, Balto.

Security Process ad 21228 134 DA 24. FUNERAL DIRECTOR 299 Frederick Road 21228 Cremation Society of MD, Baltimore,

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MEDICAL STAFF
DIRECTOR PHYSICIAN

22c DATE SIGNED

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PARTMENT	OF	HEAL	TH /	AND	ME

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ge 4 mg	3.5	Female	4 RACE Caucasian	S. DATE OF BIRTH May" P8 1908	6. AGE (IN YEARS LAST BIR	HDAT) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN. YRS
	B	STATE OR FOREIGN COUNTRY) LITERATE OR, NEW Y	ork U.S.A.	MARRIED NEVER MARRIED WIDOWED NO DIVORCED		RCOUNTY OF DEATH Ade A County M
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of the state of th	5 W	"	Arunde 131. Edgew	ater 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / 1710 Bent	ziP CODE Ley Rd. 21037
and the same of th		osep ^f n I.	LaSalles	IS_MOTHER'S MAIDEN NA Clar智si	AME	Hudson
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	a n	0	578-01			aelis 5425 Shado
is death certification of the	1		one cause per line far (a), (b), a D BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) (b)	JENCE OF		7 yes
been signed by the prior to bursel, or prior to bursel, or any injury, or other	CATION	underlying cause last		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	206 IF YES, WERE FINDINGS USED
25 24 5 7	E .				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
Sicusor certicon certicon certicon certicon certicon certicon	CAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	19	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART OR PART 2)
Shend	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OF TO	WN COUNTY STATE
C A S C C C C C C C C C C C C C C C C C			tal) attended the deceased fram,	and that in (my) (gur) apparen	death occurred on the do	ite and have and from the causes stated
P. ATT		abave, (I)(we) (did) (did no	t) view the bady after death.	DEGREE	deditioned at the de	22¢ DATE SIGNED
O T TOTAL		- Arlen 1h	Viction	MA ATTENDING	MEDICAL STAF	F 2-2-
oned by ould be do in the Sta		DOHN D.	JACKSON	22e ADDRESS		pocis, N. D. 21401
51 5213	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY		COUNTY STATE
BP		Cremation	8-26-87 M	etropolitan Ale	xandria Fa	
DHMH - 16 60M 7/84 (VRA 15 4)	24 F	uneral director Robert E. Eva	ns 1212 Wests	St. Annapolis S	JE REC'D. BY REGISTRAR 1987	256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

789		FOR :			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		2 REG. NO.	1 9	EDT EDT
1		EASED NAME	FIRST		MIDDLE	t	AST	20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
	(,,,,,	BETTE		J		MILI	ER		8-5-	87	10:59A
3	. SEX			4 RACE		5. DATE C	OF BIRTH	6 AGE IN YEAR	LAST BIRTHDAY]	MONTHS DAYS	R IF UNDER 24 H
3]	Female		Whit	te	Apr			59 YRS		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8 - 7		THPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B	D A NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
604		eadmine,	Mo.	United	d States	WIDOWE	DIVORCED	ANNE A	RUNDEL C	OUNTY	
0 1	IO CIT	Y OR TOWN OF DEA	ATH	11. NAME OF		IG HOME C	OR OTHER INSTITUTION		R MOST OF WORKING	LIFE) INDUSTR	
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	Mo	L RESIDENCE (# NURS	13b COUN		13c. CITY OR TOW Severna		13d. INSIDE CITY LIMITS? YES NO 🛚		RESS / ZIP CO		21146
ine	4. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA		IDDLE		AST.
30	Sa			WIDDIE	Bradsha	aw	Haze1	~	DOLE	Ĵ	cnes
78 0 1		'AS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS		
medico		ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	572-28-3	3965	Mr. Frederic	k Miller	(same	as 13)	
ofic event, the			IMMEDIA		P AS A CONSEQUE	ENCE OF					
idi, cremation, or remava or other troumatic event, i		Conditions, if any gave rise to im- cause (a), statin underlying cause	, which mediate ng the e lost.	DUE TO, O (b) DUE TO, O	DR AS A CONSEQUI	ANT ENCE OF	ERIOR MYO				1 00
ony injury, or other froumatic	CATION	gave rise to imicouse (a), static underlying cause	which mediate ng the e last.	DUE TO, O (b) DUE TO, O (c) CONDITIONS C	OR AS A CONSEQUE	ANT ENCE OF DEATH BUT	NOT RELATED TO THE TERM		R CONDITION G	GIVEN IN PART	DINGS USED
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If Nem 21 is marked or Nem 18 shows any injury, or other troumatic		gave rise to imit couse (o1), static underlying cause PART 2 OTHER SIGI 190 DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21a INJURY OCCUR WHILE NOTIFY MEDI 22a.1 certify that (1) saw the decease obove (1) we) (22b. SIGNATURE)	which mediate age the elast. NIFICANT (TION DERLYING CAUSE OF DELICAL EXAMINE) WHILE CAUSE OF DELICAL EXAMINES WHILE CAUSE OF DELICATE OF DELICAL EXAMINES WHILE CAUSE OF DELICAL EXAMINES WHILE CAUSE OF DELICAL EXAMINES WHILE CAUSE OF DELICAL EXAMINES WHI	DUE TO, O (b) DUE TO, O (c) CONDITIONS C 19b. COND 19b. COND 21b. TIME C HOUR A P. 21e PLACE JATHOME ST ital) attended the condition of the conduction of the cond	OR AS A CONSEQUIDATION FOR WHICH OF INJURY A.M. MONTH D. OF INJURY IREET, FACTORY, OFFICE, F	DEATH BUT OPERATIO AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21t. HOW INJURY OCCUR 21t. LOCATION	20g AUTOPS YES N RED (ENTER NATURE)	20b. IF Y IN CERT	YES, WERE FINE THEYING CAUSE YES COUNTY LOWER FINE COUNTY	DINGS USED ES OF DEATH? NO
MPORTANT: If frem 21 is marked or frem 18 shows any injury, or other traumatic	MEDICAL	gave rise to imit couse to 1, static underlying cause PART 2 OTHER SIGI 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR WHILE NOT WIND AT WORK NOT WIND Saw 1bs deceas obove (1) Web).	which mediate my the elast. NIFICANT (OTION CAUSE OF DE: CALEXAMINE! WHILE WHILE WHILE AME (TYPE C OKUN	DUE TO, O (b) DUE TO, O (c) CONDITIONS C 19b COND 19b COND 19b COND 21b. TIME C HOUR A HOUR A 21e PLACE JATHOME ST (ital) attended the cond DIVINEW the body	ONTRIBUTING TO DITTION FOR WHICH OF INJURY .M. MONTH D. M. M. MONTH D. M. M. TOF INJURY IREET, FACTORY, OFFICE, F A diter death.	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM ETC.) AUCH A	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21t LOCATION STREET 19 and that in (my) (our) apinion DEGREE	200 AUTOPS YES N RED (ENTER NATURE death occurred of the director MEDICAL DIRECTOR	20b. IF Y IN CER. OF INJURY IN ITEM III IITY OR TOWN STAFF PHYSICIAN Itimore,	COUNTY	STATE tha (1) we) he causes stated

SEVERNA PARK MD

SEVERNA BARK MD 22146

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

1.	FOR - STATE REGISTRAR	DEPA		EALTH AND MENTAL HY ICATE OF DEATH	(GIENE) /	2 1 7	
I. DE	CEASED NAME RIRST	£ MIDDLE	ILLER	AST 7	20 DATE OF DEATH	8/20/87	26 HOUR 9 A
3. SE.	Х	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY) IF UNDER TYE	
FEN	MALE	BLACK	12	25 1912	74	YRS	
	IRTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE WIDOWE	D NEVER MARRIED X		OR COUNTY OF DEATH	M
10 C		11. NAME OF HOSPITAL, NU	RSING HOME C		120 USUAL OCCUPAT	ION 126 KINI	OF BUSINESS OF
13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY A.A	ITY I3c. CITY OR 1	efore admission) TOWN POLSS	138 INSIDE CITY LIMITS?	3500 Coha	ZIP CODE 2,	1403
14. FA	ATHER'S NAME FIRST UNKN	WIDDLE LAST		IS MOTHER'S MAIDEN N	NWC		ŧAST
	WAS DECEASED EVER IN U.S. ARA (YES, NO ORUNKNOWN) (1F YES, GIVE	MED FORCES? 166 SOCIAL S	ECURITY NO.		Annapolis, ADM 3500 Cohasse		
CERTIFICATION	PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE	TO DEATH BUT		200 AUTOPSY?	IDITION GIVEN IN PART 206 IF YES, WERE FIN IN CERTIFYING CAU	DINGS USED
RTIF			Rs.	Tar manining	YES NO	YES 🗆	NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH	DAY YEAR 19	ZIE HOW INJURY OCCU	IRRED (ENTERNATURE OF INJU	JRY IN ITEM 18 PART I OR PART	2)
MEDICAL	21d INJURY OCCURRED WHILE NO! WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	FICE FARM, ETC)	ZII LOCATION STREET	CITY OR TO	VINUO) NWC	STATE
	220.1 certify that (1) (this hospit sow the deceased alive an above, (1) we) (did)(did not	e/1 10 1V2	9, or	nd that in (our) opinio	n deoth occurred on the d	ate and hour and from	
	John N	rellum ils -			MEDICAL STA	FF V	DU/Y)
	22d. PHYSICIAN STIAME (TYPE OF	T16119		??e ADDRESS			
BUI	BURIAL, CREMATION, REMOVAL SPECIFUL REAL	236. DATE 8-24-1987		EMETERY OR CREMATORY	CITY OR TOWN	county	STATE Maryl ar
	UNERAL DIRECTOR AN AN LLTAN REESE & SC	napolis, Md NS MORTUARY,	21401 P.A.	25n P	G 2 5 1987	Mb REGISTRAN'S SIGN	No. Jack

STATE OF MARYLAND

AUG 2 5

STATE OF MARYLAND

23b. DATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

FIRST

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 26 HOUR IF UNDER I YEAR IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH

ADDRESS

CITY OF TOWN

STAFF

CITY OR TOWN

17h KIND OF BUSINESS OR

INDUSTRY

oppson

20b. IF YES, WERE FINDINGS USED

COUNTY

STATE

_, that (I) (we) last

224 DATE SIGNED

YES T

IN CERTIFYING CAUSES OF DEATH?

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

			1/.			STAT	E OF MARYLAND			-	
6 2	8 ?	10	AUG STA	E 87 STRAR	DEP		IEALTH AND MENTAL HYG ICATE OF DEATH	8 /	2	9	17
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Moy	9.0		3 SEX	CYFT	4 RACE	I DATE O	OF BIRTH	& AGE (IN YEARS LAST BIR	IHDA IF U	INDER ! YEAR	IF UNDER 24 HRS
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r .	72 ho	\$35	70. BIRTHPI		76 CITIZEN OF WHAT COUNT	MARRIE		9 BALTIMORE CITY O	COUNTYO	DEATH	
er de	within		IO CITY OF	TOW OF DEATH	11. NAME OF HOSPITAL, NU			. 12a USUAL OCCUPATI			BUSINESS OR
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d i	oy the	other		se (a), stating the erlying couse lost	DUE TO, OR AS A CONSE	OUENCE OF					
dorres 1	hen pled	ljury, ar	PAR	12 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Ira	
ie low red	permit. T	ws ony in	CERTIFICATION D 10 D	ATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORME			200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			F DEATH?
physicio	ol-tronsit	EA	000	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	had part	1		110
ttending	the buri	rked or He	~	NJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OF		21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
0 0	use os	s more		DRR - AT WORK	ital) attended the deceased fro	am_ 2/	14 ,19.62		7 . 19.	87. th	at (1) (wellast
Spito		m 21 i			ot) view the pody ofter death.		nd that in (my) ppinion	death accurred an the do	ite and have ar	nd from the co	uses stated
the ho	letoche	T. If Her	226	SIGNATURE	ell.	_	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	F IAN	22c. DATE SI	ENED 7
00	old be d	MPORTAN	224	HYSICIAN'S NAME LYPE	OR PRINT)		22e ADDRESS	A .		10/	
	~ 0 ÷	IMPO I	23e. BURIA	ichard 1	Jochmen m	0	16 Durray	Hue Anr	apol	rs, Mi	7
BP_			230. BURIA	L, CREMATION, REMOVAL	236. DATE Qual 0 1981	M HE	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	. 9	OUNTY	STATE
	16 60	M 7/84	24 FUNER	AL DIRECTOR	ADDRE	211111	250 DAT	E REC'D, BY REGISTRAR	256 REGISTRAL	S SIGN MUI	Base
(VR	A 15,	4)	100	flor tuner	no Chapel-	Bona	POLTS, MU AUI	5 1 3 1987			į

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 50M 1/81 (VRA 15, 4)

HOSPITAL

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2		AS DECEASED EVER IN U.S. ARME		17 INFORMANT	ADDRE	2 0 1 = 11	121224			
4	•	NO /	812-10:5077A	IMR. FRANKA	JELKA III	LS. DECK	ERAYE.			
		11 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED EIMMEDIATE (respiraton	men	APPR BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH			
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	Myocardid	Infar	ha				
1	ATION	PART 2 OTHER SIGNIFICANT CO	NOITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PART	110.			
	CERTIFICATI	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES				
	A	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM TO PART T OR PART	2}			
	MEDIC	21d. INJURY OCCURRED HILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE			
		220. certify that (1) (this hospital saw the deceased alive on above (1) (we) (did) (did nat) v) ottended the deceased from, ar	nd that in (my) (our) opinion de						
		22b. SIGNATURE	Show P	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF &	IDS			
		22d PHYSICIAN'S NAME ITYPE OR PI		CLEM DUDM		E-ANNAPOLIS	BLVB			
4	-		NDELWAL, M.D.		IE MARYLAI	ND 21001				
	236 BURIAL, CREMATION, REMOVAL 23b. DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY WALVEAU DIRECTOR 1 COUNTY WALVEAU DIRECTOR 1 COUNTY WALVEAU DIRECTOR 1 COUNTY WALVEAU DIRECTOR 1 COUNTY WALVEAU DIRECTOR 2 COUNTY WALVEAU DIRECTOR 2 COUNTY WALVEAU DIRECTOR 3 COUNTY W									
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						and the second				

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGINE

8 EDT

1045 PM

IF UNDER 24 HRS

MD.

26 HOUR

DAY

9, 1987

IF UNDER ! YEAR

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DIVISION OF VITAL RECORDS, 201 FUNERAL I

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR SEPTEMENT AME aka FIRST Elizabeth MIDDLE (AST Novozinski 20. DATE OF DEATH MONTH 2h HOUR 1987 Elizabeth 26 5:30A M Niewozinski August 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 3 SEX October 3, 1891 Female White TO BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Czechoslovakia Czechoslovakia | WIDOWED X DIVORCED [Anne Arundel IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Home Maker Housewife Baltimore 5101 Wasena Avenue USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? 5101 Wasena Avenue Baltimore Maryland NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Michael Platko Helena ====== ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Helen Mack Unknown Same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY?

YES NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART | OR PART 2)

IN CERTIFYING CAUSES OF DEATH? YES [NO F

COUNTY

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

21d INJURY OCCURRED WHILE NOT WHILE 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM ETC.)

CITY OF TOWN STREET

STATE

6M

saw the deceased alive an_ above, (1) (we) (did) (did not view the body after death. 22b. SIGNATURE

SANdra L. Howard

22a.1 certify that (1) (this haspital) attended the deceased from.

DEGREE ATTENDING

211 LOCATION

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

22c DATE SIGNED

S. Charles

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

8/28/87

23c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery

Baltimore

CAL

MEDI

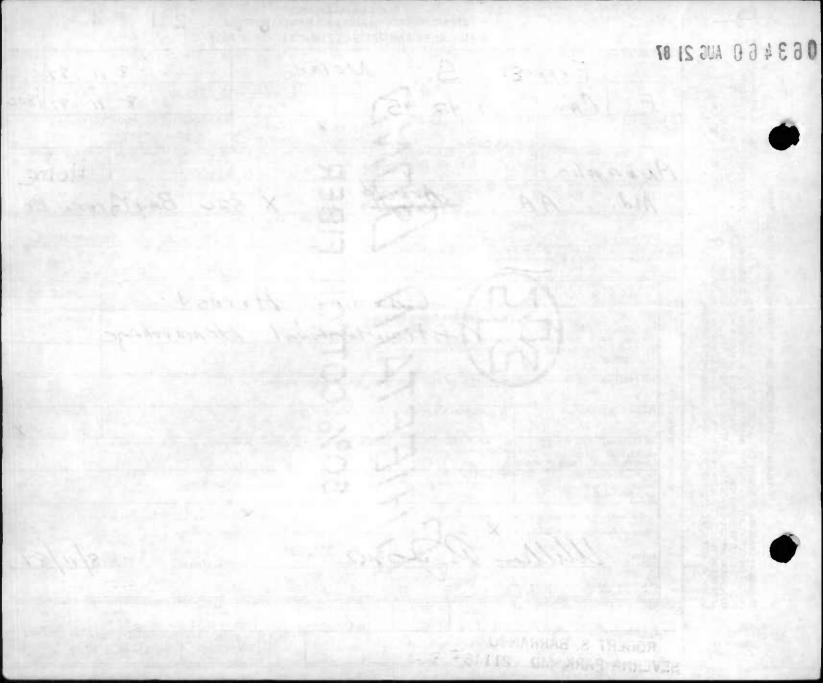
George J. Gonce 4001 Ritchie Hgwy Balto Md

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT

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			STATE						ERTIFICATE	OF DEATI	4			-	
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•••	W 22 20.5	(148	E OR PRINT)	Acres 100	NCES	0		1)	OlAN		OF ESTI-	MONTH			78 HOUR
	PLEASE RECTOR. R FILES. HOURS STREET,	3. SEX		I. RACE	5. DATE OF BI	IRTH .	& AGE (IN EA	, -			DATE	MONTH	DAY	19 87	2d HOUR
	DIRECTOR I		F	1 mi		DAY YEAR	LAST BUTHO	MONT	S DAYS HOURS		DNOUNCED	8	11	1987	1800
-	32745	7a. B	RTHPLACE (ST.	ATE OR	7b. CITIZEN C	F WHAT COUN	L TR	8.		9 8	BALTIMORE CIT	Y OR COUN			M
	SHE SE		REIGN COUNTRY)					MARRI	ED NEVER MARK	SIED 📙	ANNE A	_			
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0	IFICATE S THE WO TO THE C HOULD BE ARTMENT	20	UNDERLYING	OR	HOUR	A.M. MONTH	DAY YEAR	ZIC. FIC	OW INJURY OCCURRI	ED (ENTER NATU	IRE OF INJURY IN ITEM	18 PART I OR PA	ART 2)		
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07/B4	DD.	(:	PECIFY)	- JACOTAL						CITY OR TO	NWC	cou	INTY	STA	ATE
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	DHMH - 17 (VR A15 ME (5))		KOBEK	S. BAI	RRANCO	AG P			AUG	1 9 19	87 Julia	Devide	m. Pa	adaes	
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STATE OF MARYLAND

1	29	GATE GISTHAR		CERTIF	ICATE OF DEATH	REG		/ 64	
1	TIPE	BRIAL	V JOSEPH	NORK	ETS	20. DATE OF DEATH	W140W	1/87	26 HOUR 260 M
	3. SEX	MALE	4. RACE CRU	5. DATE C	122/8/	6. AGE (IN YEARS LAST	BIRTHQAT) YRS	MONTHS DAYS	# UNDER 24 HRS HOURS MIN.
	V,5	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIEI WIDOWE	D NEVER MARRIED			AA,	Ca. MD
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		OR OTHER INSTITUTION	120 USUAL OCCUP.		126. KIND (INDUSTRY	4
	130. S	ARYLAND ANNE	RUNDLE FT ME		13d. INSIDE CITY LIMIT YES NO	8/21-A CAR		20	755
		SCOTT RANDO VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SEC	CURITY NO.	AUROR 17 INFORMANT	A CORDER	RESS BA	RREERA	ŞT ————————————————————————————————————
-		NO.	33-90 ly one couse per line for Lp.), (b.), c	0-6263	Scott Norris	s Same	as#.		MATE INTERVAL ONSET AND DEATH
	NOI	Canditians, if any, which gove rise to immediate cause (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	DUENCE OF	NOT RELATED TO THE	TERMINAL DISEASE OR CO	DIDITION GIV	VEN IN PART 11	0
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTI	S, WERE FINDI FYING CAUSES ES []	NGS USED OF DEATH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY BEAR	21c. HOW INJURY O	CCURRED (ENTER NATURE OF II	HURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	WHILE ON WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	e tallogi	211 LOCATION STREET	MAD CITY OF	TOWN	COUNTY	STATE
		22e 1 certify that (1) (this hospin sow the deceosed alive an above, (1) (we) (did) (did no 22b. SIGNATURE	tol) offended the deceased from	, or		Inian death occurred on the	TAFF \		
		JERRY B	ensun Hm	rm	Kimbrous	h Army Co	mm	Hosp	tal
	(URIAL, CREMATION, REMOVAL SPECIFY DIVERAL DIRECTOR	23b. DATE 23c 8/26/87 ADDRESS	Prlington	National Ce	ORY 23d LOCATION CITY OR TOWN Arling BYZE 650	ton REGIST	COUNTY	STATE Ya.

en minter Admin

BUA

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL WYGIENE - STATE CERTIFICATE OF DEATH **EGISTRAR** ECEASED NAME LAST GRACE

4 RACE

	REG. N	10		1	EDI	,
	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
	AUGUST	23,	1987	1 10	055	PM
	& AGE (IN YEARS LAST BE	RTHDAY	IF UNDE	R I YEAR	IF UNDER 24 HRS	
	75	YRS	MONTHS	UATS	HOURS	MIN
7	9. BALTIMORE CITY	OR COUNT	Y OF DE	ATH		

O. BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED O. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

ANNE ARUNDEL COUNTY 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE!

GLEN BURNIE

(YES NO OR UNKNOWN)

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN

LAST

OSMAN

5. DATE OF BIRTH

HIMON

11

13e. STREET ADDRESS 7734 WASH. BLVD.

MIDCE

ANIDOLE

MD. 4 FATHER'S NAME

3. 5EX

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO.

ARIINDE

MIDDLE

LIF YES GIVE WAR OR DATES!

17 INFORMANT

13d INSIDE CITY LIMITS?

NO X

15. MOTHER'S MAIDEN NAME

FIRST

YES []

17

YEAR

11

ADDRESS Lillian Ashlev - 593-0690

219-30-2 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

25/1920	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		200 IF YES, WERE FINE IN CERTIFYING CAUS YES			
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
ä	21d INJURY OCCURRED WHILE NOT WHILE AL WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STAT		

22a.1 certify that (1) (this hospital) attended the deceased from. that (I) (we) lost saw the deceased alive on 2 2 2 3 obove, (I) (we) (did) (did nat) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED

mil ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

518 S. CAMPMEADE ROAD

STATE

LAST

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

SACIT EREN, M.	D.	LINTHICUM	MARYLAND 21090	
BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	Т

Remova 1 24 FUNERAL DIRECTOR

> State Anatomy Board Balto

25. DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE AUG 27 1987

STAFF

DHMH - 16 50M 1/81 (VRA 15, 4)

FUNERAL I

ORTANT

YOUR ARDIDES OF THE

WALL WATER

BURREL RELIE

GADE LEVEL PROFESSION & S. C. trakes Officers probations

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed arms 24 hours after from the lospital or attending physicion. CO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion or executed hiled in by the Numeral director, page 3 hould be detached for use as the buriol-transit permit. Then please remove corbon papers. Page 1993 the buriol-transit permit. Then please remove corbon papers. Page 1993 the buriol-transit permit. Then please remove corbon papers. Page 1993 the buriol-transit permit.	
or attending physicion. After this certificate has been signed by the ottending physicion one confined filed in by the Numeral director po- es of the buriol-transit permit. Then please remove corbon papers. Page	NDING PHYSICIAN: The low requires that the death certificate be executed when 24 hours when death. Page 4 may
	or anatomic progression. After the scriticate been signed by the ottending physicion on content and led in by the Natural director, page 3 After the buriol-transit permit. Then please remove corbon papers. Page

ρ,	918	FOR STATE REGISTRAR				CERTIF	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		9 2	3
		CEASED NAME OR PRINT)	FIRST	~	R.	P	ARKER	20 DATE OF DEATH	87	DAY * YEAR	17()5 M
	3. SEX	F		4. RACE B.		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT	YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS
5		RYLAND	OR FOREIGN	U.S.	VHAT COUNTRY?	MARRIE:	NEVER MARRIED	9 BALTIMORE CITY O	· A.	OF DEATH	MD.
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5	13a S	AL RESIDENCE (IF NO.	JRSING HOME OR	ITY	SIVE RESIDENCE BEFORE 13c. CITY OR TOW LOTHIA	N	13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / 5/55 56			SLAND
2		THER'S NAME FIRST		MICOLE WILL	KERSON		IS MOTHER'S MAIDEN NA. GERTRUDE	MIODLE		GRAY	51
1	(7	VAS DECEASED EVE (ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES!	215-22		MILTON PARK	ethian, Md. ER, Sr. 515	ss 55 Sol	onons]	Sland Ro
77	MEDICAL CERTIFICATION	Conditions, if or gove rise to it couse (a), sto underlying course (b). PART 2 OTHER SI 21a. ACCIDENT WAS COR CONTRIBUTING [IF EITHER NOTIFY M 21d IN JURY OCCU. WHILE NOTIFY M 21d IN JURY OCCU.	WAS CAUSE IMMEDIAT IMMEDI	DBY: E CAUSE 10) DUE TO, OR (c) DUE TO, OR (c) DUE TO, OR (c) DUE TO, OR (d) DUE	FINJURY A. MONTH DA A. DF INJURY EET FACTORY OFFICE, F	ENCE OF ENCE OF ENCE OF AY YEAR 19 ARM ETC 1	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUR! 211 LOCATION STREET , 19 and that in (my) (our) opinion DEGREE	TEM AUTODS Y	THE TEST IN CERTIFY YES	WERE FINDE YING CAUSES ARTTORPART 2)	ongs USED of DEATH? NO STATE that ID (we) lost couses stated
		61	Mile	111	mi		ATTENDING	DIRECTOR PHYSIC		8/3	1/8)

236 NAME OF CEMETERY OR CREMATORY

MALOCATION CITY OR TOWN

COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME CONTROL SPECIFY 236 NA

SEP 8 19

64744 SEF		FÖR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HE CERTIFICATE OF DEATH	IENE / 2 1 9 2 9
by be oge 3		PE OR PRINT! Sarah	E. (Bessie)	Peddicord	August 16, 1987
may ttpr. po	3 S	Female	RACE Caucasian	5 DATE OF BIRTH July 18, 1887	6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 100
	M	BIRTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel County MD.
10:00	1	nnapolis	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 530 Belleriv	ADDRESS) e Dr.	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOmemaker 17b KIND OF BUSINESS OR INDUSTRY
within 24 hour	13a M	aryland Anne	Arundel Annap	Olis yes NO 13 MOTHER'S MAIDEN NA	MIODIE
and a second	/ 16a	Joseph WAS DECEASED EVER IN U.S. AR (YES, NOOR UNKNOWN) (IF YES, GIV	Greenwe MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 214-05	RITY NO. 17 INFORMANT	Turner ADDRESS Cord 1668 St. Margarets Rd Annapolis Applicate Interval Annapolis Application Operation
quires that the death certific signed by the attending phy hen please remove carbon pi to burial, cremation, or remo	NO	Canditions, il any, which gave rise to immediate couse ial, stating the underlying cause lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	eripany art	MINAL DISEASE OR CONDITION GIVEN IN PART LIA
The low re ricion. The hos been sit permit 1 signere principles shows any in	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
tySiCtaNi ding phys is certifica burial-tran Mental Hy	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)
DIVIDING POSTENDING Ped by the haspital or after the UNERAL DRECTOR. After the State Dept of Heolth one RTANT: If them 21 is marked	- W	sow the deceased alive on above, (1) (w. 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE O	R PRINT)	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	COUNTY STATE COUNTY STATE To
TO shoots	23a.	RODNEY L. BR BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c N	NAME OF CEMETERY OR CREMATORY	234 LOCATION
DHMH - 16 50M 1/B1 (VRA 15, 4)		Burial FUNERAL DIRECTOR ROBERT E. Eva	ADDRESS		Burnie Anne Arundel Md. EREC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE P. 3 1987 Julia Division Randala
				- WIND IN	U

and the second second second

within 24 hours ofter DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 requires that the death certificate be executed TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remark

DHMH - 16 60M 7/B-(VRA 15, 4)

by the funeral director

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL OF GIENE CERTIFICATE OF DEATH

2 2 REG. NO

(19FE OR PRINT) SEX 4 RACE 5 DATE OF BIRTH MONTH DAY YEAR 10 UNDER 1 YEAR 10 UNDER 2 HR 10
SEX ARCE S. DATE OF BIRTH DAY VEAR DAY
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 13. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 13. CITIZEN OF WHAT COUNTRY? 14. MARYLAND 15. MARRIED 15. MARRIED 15. MARRIED 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. SAMUEL PETERS 13.5 O' Berry Court 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 18. CAUSE OF DE
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
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O DE OFICE OF OPERATION 196 CONDITION FOR WHICH OPERATION PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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21d INJURY OCCURRED 21e PLACE OF INJURY 21L LOCATION
AT WORK AT WORK
22a.1 certify that (I) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19
the deceased alive on the date and hour and frem the causes stated above (1 - 7700-4) (did not in view the body after death.
DEGREE 222. DATE SIGNED
ATTINIDIBLE MEDICAL STAFF BAYSICIAN DIRECTOR PHYSICIAN
7 226 PHYSICIAN'S NAME (TIME) WE ADDITES
1 5000 A The local Towns & S. M.O.
Cocc 1-18 1 18 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE
BURIAL 8-27-1987 PINELAWN MEM. PARK Annapolis
24 FUNERAL DIRECTOR Annapolis. Md. 21401 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR 250 RATURE 3 TAX
WILLIAM REESE & SONS MORTHARY, P. A. AUG 2 5 1987 Julia Danter Pades

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PRGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO 20 DATE OF DEATH MONTH ECEASED NAME MIDDLE 2h HOUR E OR PRINTS Charles Pettebone 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR 26 26 Malle 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED aryland WIDOWED IO CITY OR TOWN OF DEATH 12a USUAL OCCUPATION larking. 130 STATE 13e STREET ADDRESS / 7 mapolis 14 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: MADXIA IMMEDIATE CAUSE (0) DUF TO OR AS A SONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (0), stating the underlying couse lost ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 and bein New of 20hy CERTIFICATION 206 IF TES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) AT WORK NOT WHILE 270.1 certify that (1) (this harpital) attended he deceased from. sow the deceased alive on above, (I) (we) (dd) (did not) view the body ofter death and that in (my) (q or) opinion death accurred on the date and hour and from the causes stated 775 SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR for on Hochman STAFF DIRECTOR PHYSICIAN 776. PHYSICIAN'S NAME (TYPE OR PRINT) 3/A220 ADDRESS Dr. Richard I. Hochman 16 Murray Ave. Annapolis, Md. 731 NAME OF CEMETERY OR CREMATORY

remodian 24 FUNERAL DIRECTOR

250 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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164923 558-387 Company of the contract of the many and the soften and the second the soften and t

Home

Burial

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STATE

TYPE-OR PRINTS

REGISTRAR

LEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAGYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 20 DATE OF DEATH 26 HOUR Marie PFAFF 23, 1987 11:56 RM August & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 89 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clerical (Ret.) AT& 13. SIREET ADDRESS / ZIP CODE 4228 Loch Raven Blvd. 21218 MIDDLE Telgkamp ADDRESS116 Dorchester Rd. Yvonne Albrecht Glen Burnie, Md. 21061 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ACUTE MYOCARDIAL INSUFFICIENCY HOURS DUE TO, OR AS A CONSEQUENCE OF RUPTURED POSTERIOR PAPILLARY MUSCLE L. FEW HOURS SEVERE CORONARY ARTERY DISEASE 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NOF 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART TOR PART 2 COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

City

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Maryland

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 22c. DATE SIGNED 8-24-87 DIRECTOR PHYSICIAN NORTH ARUNDEL HOSPITAL

Aug 26,1987 Most Holy Redeemer Cem. Baltimore

Glen Burnie, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE

65019 SEP-9	87 -	DEPARTMENT OF HEALTH AND MENTACHYGIÊNE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.						
# 0 # 0 # 0 # 0		CEASED NAME DOTIS	R. Phel	05	AST	20 DATE OF DEATH MONTH	31 87 8 30 pm	
ge 4 may ector. pay	1. SEX	The state of the s	4 RACE White	5. DATE C	F 8 IRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 2 HRS. MONTHS DAYS HOURS MIN.	
death Po		Mass.	76 CITIZEN OF WHAT COUNT	MARRIE		Anne Mru	ndel MD.	
102	2	Annapolis	11. NAME OF HOSPITAL, NUE ACTION IN SUCHEACILITY, GIVEST MINE HOUSE	REEF ADDRESS)	OSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) BURSEN	126 KIND OF BUSINESS OR INDUSTRY Academic	
LAND 21	13a. S	m Bali	rother institution give residence be NTY 13 CITY OR Vent 1 Rey W	OWN	13d. INSIDE CITY LIMITS?	General Me	con Catalpa Rd.	
AARY Completed	DW	illiam	C. ROSA		Fidelia	WIDDLE	Gammon	
De executor on and c		VAS DECEASED EVER IN U.S. AR res, no or unknown) (# yes giv n/a	MED FORCES? 166 SOCIAL S (E WAR OR DATES) 0/3-18		Banbana Dan	11607 Rive	nk. MD 20754	
ST., BAL			nly ane cause per line for (a), (b) D BY: TE CAUSE (a)	oresp	ciratory,	Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
that is pression that the pression of the production of the produc		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	IVE	Hodgl	uns Jiseas	e 6 outs	
2805, 20	NOIL	Bone manon	r + Lower v	-volves	went with	RMINAL DISEASE OR CONDITION HODG KIND		
At RECC	RTIFICATI	7 23 87	R axillary	no peratio	le bropsy	YES NOW IN CI	FYES, WERE FINDINGS USED ERT IFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \)	
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OrVISION NG PHYSICAL after that at	MEDIC	21d. INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
ATTENDA ATTENDA ATTENDA OF Health		220.1 certify that (1) (this hasp saw the deceased all as on abave, (1) (we) (did (did no	attal) attended the deceased from 1 attachment the badylafter death.	9_87.0		n death accurred an the date and	19 that D (we) last d haur and Iram the causes stated	
TALOR.		leter The	rer			MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED 9/1/87	
O HOSPIT Hained by O FUNER Hould be a		224 PHYSICIAN'S NAME (TYPE OF	er mo			rara Dr. Whe	afor and 20906	
20 - 23 2		BURIAL, CREMATION, REMOVAL SPECIFY) Burial		Ft. Lin	EMETERY OR CREMATOR	Brentwood	PG MD STATE	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	INERAL DIRECTOR Rausch	Fit Owings, and		250 D	ATE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE	

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SEP 8 - 1987 Will Thin Think

should be detached far use as the burial-transit permit. Then please remaye carbon pape with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remayal.

IMPORTANT: If them 21 is marked at them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGIENE CERTIFICATE OF DEATH

Female Caucasian June 10, 1916 71 YRS. NONTH MARRIED DIVER MARRIED DIVORCED ANNE ARUNDEL COUNTRY OF MARRIED DIVORCED ANNE ARUNDEL COUNTRY Maryland United States WIDOWED DIVORCED ANNE ARUNDEL COUNTRY OF MARRIED DIVORCED ANNE ARUNDEL COUNTRY BALTIMORE CITY OR COUNTRY OF DIVORCED ANNE ARUNDEL COUNTRY OF DIVORCED ANNE ARUNDEL COUNTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. CITY OR TOWN PASSAGENA 132. STREET ADDRESS / ZIP CODE 2070 Krutz Ave. 14. FATHER'S NAME FIRST MIDDLE Anton Zamostny 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Zamostny 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOOR UNKNOWN) (IF YES GIVE WAR OR DATES) NO 217. 10 4814 Kenneth G. Phelps, Jr. (Same as	EDT
Female Caucasian June 10. 1916 71 YRS. Country Maryland To Citizen of what country? Maryland To Citizen of what country? Maryland To Citizen of what country? Married North Arundel One or other institution North Arundel One or other institution North One or other instituti	87 129 AM
Maryland United States Markied Never Marked	
GLEN BURNIE NORTHHARUNDELT PIOSPITAL OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY Maryland Anne Arundel Pasadena 15. MOTHER'S MAIDEN NAME FIRST Anton Tamostny 16. MOTHER'S MAIDEN NAME FIRST (YES. NOOR UNKNOWN) 18. STREET ADDRESS / ZIP CODE 2070 Krutz Ave. 16. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE 17. MOTHER'S MAIDEN NAME FIRST MIDDLE 18. SOCIAL SECURITY NO. 217. 16. 4814 Kenneth G. Phelps, Jr. (Same and Same a	BUNTY
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Anton Zamostny Marie 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT BONNIE K. Kurtz No 217 16 4814 Kenneth G. Phelps, Jr. (Same a Part I. Death Was Caused By: IMMEDIATE CAUSE (a) William Cause of Death (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) William Cause of Death (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	21122
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DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ~ 104RS
	RE FINDINGS USED CAUSES OF DEATH?
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270.1 certify that (this hospital) attended the deceased from 10 10 19 19 10 135 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	that (1) (we) last
226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN POINT	221 DATE SIGNED
LORRAINE DAILEY 226 ADDRESS PASADENA, MARYLAND 21122	
236. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY OF	Arundel MI

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DECEASED NAME TYPE OR PRINTS

Female

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 STATE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

TO BIRTHPLACE ISTATE OF FOREIGN

Virginia IL CITY OR TOWN OF DEATH

Baltimore

Maryland

No

CERTIFICATION

MEDICAL

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MPORTANT

James

14 FATHER'S NAME

3. SEX

Argie

4 RACE

A.A.

MIDDLE Milton

Whit

76 CITIZEN OF

NAME OF H 5706

DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HE CERTIFICATE OF DEATH	IENE/ 2 1 9 3 0
IDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
D.	Pinegar	August 25 1987 M
Э	5. DATE OF BIRTH 5 140 3	AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 FANS HOURS MIN.
VHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY OF DEATH
S.A.	MARRIED X NEVER MARRIED WIDOWED DIVORCED	Anne Arundel County MD
OSPITAL, NURSING FACILITY, GIVE STREET A Pope Stre	GHOME OR OTHER INSTITUTION DDRESS) et	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Press Operator National Can
Baltimor	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 5706 Pope Street 21225
Sander	15 MOTHER'S MAIDEN NA	ME LAST Helen Williams
166 SOCIAL SECUR		Glen Burnie Md 21061
219-22-	9987 Milton Arrin	ngton 111 Marley Neck Road
acult	"Myorandiot	Defection SETWEN ONSE! AND DEATH
ASTA COMPLEOUE	NCE OF Scharte	Carli Wosens
AS A CONSEQUE	NCE OF Albaer	

18 CAUSE OF DEATH (Enter only one cause per PART) DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)____ DUE TO, OF Conditions, if any, which (b)___ gave rise to immediate couse (0), stating the DUE TO, OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY

NOT WHILE AT WORK 220.1 certify that (1) (this haspital) ottended the deceased from

saw the deceased alive and that in (my) (our) opinion death occurred on the date and have and from the causes stated abave, (1) (we) (did ridid un the bady after death 22c DATE SIGNED DEGREE 226 SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN STAFF 22e ADDRES

606 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 236. DATE 23a BURIAL, CREMATION, REMOVAL

(SPECIFY) Burial 8/28/87 Cedar Hill Cemetery 24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Mgwy Balto Md

AT HOME STREET, FACTORY OFFICE, FARM ETC.)

Baltimore A.A.

CITY OF TOWN

STATE

Md

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MAKTLAND						
EPARTMENT OF HEALTH AND MENTALLY YGIENE						
CERTIFICATE OF DEATH						

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EDT

		CEASED NAME	FIRST	A	AIDDLE	L.	AST	20 DATE C	OF DEATH	MONTH	DAY	YEAR	26 HOUR	?
-	(TYPE	ESTH	ER	ELI	ZABETH	PINK	CINE	I A	UGUST	1	9.	1987	100	O AN
	3. SEX	X		1. RACE		5. DATE C	OF BIRTH	6 AGE IIN	YEARS LAST BIR	THDAY)		DER I YEAR	IF UNDER 2	LI HRS
	FF	MALE		CAUCASI	ON	JANUZ	ARY 21,1913	74		YRS	MONIT	DAYS	HOURS	MIN
-	7a. Bl	RTHPLACE (STATE OR FO	REIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIM	ORE CITY O		TY OF E	DEATH		
)	BA	LTIMORE CI	TY	ANNE A	RUNDEL	WIDOWE	D NEVER MARRIED DIVORCED		ANNE A	ARUNI	DEL	COUNT	Y	MD.
1	ÎO CI	GLEN BURN		(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET A H ARUNDEI	G HOME C	OR OTHER INSTITUTION	SECRE	OCCUPATION OF TO	ON F WORKING		DERAL	GOV.	
5	130. S M/	AL RESIDENCE (IF NURSING STATE ARY LAND	ANNE	ARUNDEL	GIVE RESIDENCE BEFORE 13. CITY OR TOWN GLEN BUI		138. INSIDE CITY LIMITS?	P.O.B	ADDRESS (ZIP CO	DE BUR	21961	IARYL	AND
う	14. FA	THER'S NAME FIRST	٨	AIDDLE	LAST		15. MOTHER'S MATTEN NA	AME	MIDDLE			LAST		
1	16a V	VAS DECEASED EVER II		MED FORCES?	166 SOCIAL SECU 215-01-88		Michel P	inkin		ss son 137-	505	5		
		18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED	y one cause per) BY: E CAUSE (o)	line for (a), (b), and	lac	arrest				F		MATE INTERV	ZAL DEATH
	NO	gove rise to immu couse tol, stoting underlying couse PART 2 OTHER SIGN	the lost.	(c)	AS A CONSEQUE	en	AMURO20 NOT RELATED TO THE TERM	MINAL DISEA	SE OR CON	DITION G	SIVEN II	N PART 110		
7	CERTIFICATION	19a DATE OF OPERATI	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUT	OPSY?	IN CERT	ES, WE	RE FINDING CAUSES	GS USED OF DEATH	H?
7		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT	in .	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RRED (ENTERN	ATURE OF INJUR	RY IN ITEM TO	8 PART I	OR PART 2]		
	MEDICAL	21d INJURY OCCURRE	E	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC J	211 LOCATION STREET CITY OR TOWN			(COUNTY	51.	ATE	
	8	220 1 certify that (1) this hospital) attended the deceased from 1983, to 9/9, 1982, that (1) (we) lost sow the deceased drive on 8/9, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) we) (die) (die) (did) (did not) view the body after death.												
		276. SIGNATURE DEGREE ATTENDING MEDICAT STAFF PHYSICIAN DIRECTOR PHYSICIAN D									S A	SIGNED	7	
/		JAMES J. BENJAMIN M.D. MILLERSVILLE MARYLAND 21								18				
		BURIAL, CREMATION, R		23b. DATE		AME OF C	EMETERY OR CREMATORY	23d LOC	ATION					
		Removal		8-20	-87			Cit	Y OR TOWN		CO	UNIY	51	ATE
	24 FL	JNERAL DIRECTOR			ADDRESS		AUS	24 1	SISTER	15b. RAGI	STPAR'	S SIGNAT	URE	u
	5	State Ana	tomy	Board	Bal	to.,	Md.		0		1400	Mada	416	1

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HEGIENE/ CERTIFICATE OF DEATH

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9,000	ale	4 RACE Caucas	ian 1	ATE OF BIRTH MONTH 15 1899	6 AGE (IN YEARS LAST BI	YRS.	DER LYEAR H NOER	AA II
	STATE OR FOREIGN		WHAT COUNTRY?	ARRIED NEVER MARRIED	9 BALTIMORE CITY		EATH	П
	ew York	United		DOWED DIVORCED DIVORCED	Anne Ar		WILLIA OF ALICINIE	A
G	len Burnie	North	Arundel Ho	ospital	Salesman	OF WORKING LIFE) IN	Shoe Sto	
13a 5	aryland Prir		13c CITY OR TOWN Pasadena		149 Shelle	ZIP CODE	21122	
THE FA	ATHER'S NAME	MIDDLE	LAST	IS MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAST	
-		ouis	Acker	Lillian			Lentz	
		ARMED FORCES? GIVE WAR OR DATES)	579-03-6913			49 Shello asadena,		22
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DHMH - 16 60M 7/84 (VRA 15, 4)

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, MD 20781

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL PYGIEN
CERTIFICATE OF DEATH

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					REG. N	
7 71		CEASED NAME FIRST JOYC	e Ashe	r PURDY	20. DATE OF DEATH	8 21 87 8 25 M
pode v deor	3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY) IF UNDER TYEAR IF UNDER 24 HRS
1 00	. 1	Female	White	April 7, 1933	54	YRS. DATS HOURS MIN.
2 92 300		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
1 张 生人	n	laryland	USA	WIDOWED DIVORCED	10	Arundel MD.
11/1/	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		170 USUAL OCCUPAT	OF WORKING LIFE) INDUSTRYULS N H
1	USU	L RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BE	ORE ADMISSION)	Deliver	d. Athletic Asso.
E 1355	13a S	TATE 136 COU	INTY BE CITY OR TO		130 STREET ADDRESS	en Avenue 21401
1 美工	14_FA	THER'S NAME	MIDDLE	15 MOTHER'S MAIDEN N	AME MIDDLE*	1241
100x/		Francis B	Penjamin Asl	per Eleanor	Prisci	Ila Moreland
1 10 Pet 1		AS DECEASED EVER IN U.S. AL	RMED PORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDR	
2 10 per	(,	ES. NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES) 218 30	4924 Robert D	Rundy	#13
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th certificat nating physic carbon pap , ar remava		PART I. DEATH WAS CAUS	ED BY:	astatii Borac	L Cauce	91/2 40546
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			oital) attended the deceased fra	1/259 3 19	8 10 8/2	19 that (1) we) last
		saw the deceased offve on	15/14 19	V-7/	n death accurred an the o	late and have and from the causes stated
OR ATT birectory oched for Dept. of them 21	- 1.1	22b. SIGNATURE	ot) yew the body alter death.	DEGREE		276 DATE SIGNED
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- D - D - Z		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	27e ADDRESS	DIRECTOR PHIST	10/24/87
HO Pould		E.W. Ce	DLE-14	51 PRAN	KLINST	ANNAPOLIS Md.
Of of Standard Miles	23o E	urial, cremation, removal	1 23b DATE 2	C NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	6	DELY 1 A	Aug. 25 1987	Hillcrest	Anne Och	1.5 AA moint
	24 FL	INERAL DIRECTOR	11.00	25a. Q	UG 2 6 1987	236 REGISTRANS GIGNANDE
DHMH - 16 60M 7/84 (VRA 15, 4)	T	autor Funera	I Chapel- Ann	apolis, MD A	NP 7 0 1881	Branch Day of the Course
	77	value inner	2 Child at 1111	M VUITZ (III III		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2 | 9 5 4 REG. NO.

	M 7 480 12		CONTRINETY DOWN	P	(Division)	OF ESTI- DEATH MATED	MONTH DAY YEAR 126 HOUR
	N STREET	1. SEX	n Cou		AGE (IN YEARS IF UNDER 1 YR. IF UNDER LAST BIRTHDAY) MONTHS DAYS HOURS		MONTH DAY YEAR 20 HOUR 8 1 1087 OZ15
	Service Servic	74.85	RIHPLACE INVATE ON PRICE COLONICAL IN THE COLONICAL IN TH	76. CITIZEN OF WHAT COUNTR		BALTIMORE CITY C	OR COUNTY OF DEATH
	PAGES PAGES	1	NNAPOLIS	11. NAME OF HOSPITAL, NURSI (IF IT IN SUCH FACILITY, GIVE STAFE HOWE	NG HOME, OR OTHER INSTITUTION IT ADDRESS) HUNLEL GEN	BELL PHALE	PEOF WORK 126 KIND OF BUSINESS OR INDUSTRY Manager
. 21201	A STANCE OF THE	SUA No S	nd Mo	Y IBCCITY OF	ORE ADMISSION) R TOWN 13d INSIDE (ITY LIMITS? MANYOWY YES NO	130 STREET ADDRESS	Kridge terr
MORE, MD	PAGES 1.2	16x. V	THER'S NAME EP AS DECEASED FY R IN U.S. ARM UF YES GIVE W		IS. MOTHER'S MAID REST L SECURITY NO. 17. INFORMANT	EN NAME MIDDLE ADDRESS	ME INFENEY
ST., BALTI	OURS AFT 18 GIVE 5 WITH R WIT PAGE E OVISIO		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one couse per line for (o), (b), o	1 / /	QUINN DHILL	PA 1949 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
01 W. PRESTON S	TED WITHIN 24 H SEWELL IN TEM AMAJER ALONG AL TOWNST PER MESTAL HFGIEN N. OR REMOVAL		IMMEDIATE Conditions, if ony, which gave rise to immediate cause (a) storing the under- lying cause last			Memmorr	hage
CORDS, 2	S A BUILD SMATTE	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P.	ART 1 (o).	
ITAL REC	SHOULD SHOULD SHOULD SHOULD SHOULD A CHIEF AND TO FHEAD A URIAL O	TIFICATION	194 DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATION WAS PERFORMED?		20 AUTOPSY? YES □ NO 🗹
ION OF	G THE WOOD B HOULD B ARTMEN	MEDICAL CERT	710 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		AY YEAR 19	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
DIVISION	WRITIN WRITIN WARDED PACK 3 S TATE DEP 21201 PR	MED	2TH INJURY OCCURRED WHILE NOT WHILE AT WORK	71e PLACE OF INJURY (STREET, FACTORY, FARM, ETC.)	AT HOME, 2Tf. LOCATION STREET	CITY OF TOWN	COUNTY STATE
1	AMINER: RTIFICATE S BE FOR S BE FOR S BEFORE S BYLAND.			of the remains described above,	Suicide , Homicide .		nd in my opinion
	SHOULD SH	2	ACTUAL SIGNATURE	in P. Jos	M.D. Deput	MEDICAL EXAMINER	DATE SIGNED 8//77
	PAGE A PAGE A TO FUN	730. BL	EXAMINER'S NAME TYPE OF PRINT) JRIAL, CREMATION, REMOVAL 23	DATE / 122 NAV	ME OF CEMETERY OF GREMATORY	1231. LOCATION	Ct. 21035
07/84 25M	BP	24 FL	SURIAL SUPERAL DIRECTOR	a / a / a same (i)	SUPERECTION	CONNELL HAS REC'D BY REGISTRAR 256 REGI	Bucks STAR.
	DHMH - 17	T	NAME/	1 Agogéss	Man and My Alla		Dervery Randall

162012 AUG-837 Danis 2 31 22 31 Carron 2 2 2 2 2 2 M Com 8 27 58 31 AA And Mer young around 1500 y (the window trees Sal Principle Medicine

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AUG 0 0 1987 J 1887 J 1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HING CERTIFICATE OF DEATH

Randolph, Sr.

MARRIED NEVER MARRIED

10

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Glen Burni

Randolph

166 SOCIAL SECURITY NO.

WIDOWED

OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 2 REG. NO.	9	3	3
ST	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOUR
lph, Sr.	8	29	87	M
F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		UNDERTYEAR	IF UNDER JAHRS
4 1912	74 YR		VINS DATS	HOURS MIN.
X NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY O	FDEATH	
DIVORCED [Anne Arund	del		MD.
R OTHER INSTITUTION	12a USUAL OCCUPATION	4G LIFE)	126 KIND C	F BUSINESS OR
le, Apt.810	· · · · · · · · · · · · · · · · · · ·			struction
13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	ODE		
CES NO X	7900 Benesch	C	ircle	21061
15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	
Frances	WIDDER		Shiff	
17 INFORMANT	ADDRESS			Terr
Thelma R.	Randolph, Sa	ame		13
· · · · · · · · · · · · · · · · · · ·	1.0			ONSET AND DEATH

No	(ii tes. one than on pares)	226-10-6697	Thelma R. Ra	andolph, Same	as #13
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gove rise to imm cause (a), statin underlying cause	g the DUETO, O	R AS A CONSEQUENCE OF	neopte	isin,	

20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TT CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from

sow the deceased alive an obays. (I) (we) (did) (did nat) view the bady attended and that in (my) (our) apinian death accurred an the date and have and from the causes stated DEGREE MEDICAL

Westview Memorial

DIRECTOR PHYSICIAN

MIDDLE

Edward

76. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

7900 Benesch Circle,

13c. CITY OR TOWN

4 RACE

Anne Arun

Harvev

White

USA

Baltimore Balt

Cremation 24 FUNERAL DIRECTOR

DECEASED NAME

Male

To. BIRTHPLACE ISTATE OF FOREIGN

Virginia

IO. CITY OR TOWN OF DEATH

Glen Burnie

William

Md.

4 FATHER'S NAME

TYPE OF PRINTS

1.5EX

FIRST

William

y Funeral Home 12 Ridgely Ave.

8/31/87

23b DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

AUG 31 10

05

erely filled in by the funeral director, page 3 2 should be filed within 72 hours after death

offending ph

signed by the

should be detached for use as the burial-transit permit. Then please remove cowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather trau

TO FUNERAL DIRECTOR: After this certificate has been

attending physician

etained by the haspital ar

BP.

DHMH - 16 50M 1/BI (VRA 15, 4)

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STATE	MARYLAND
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DEPARTMENT OF HEALTH AND MENTALHYGIENE

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8	71 -	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	GIENE	REG. NO.	7		E
		CEASED NAME FIRST		MIDDLE	I	LAST	20. DATE	DE DEATH MONTH	DAY	YEAR	26 HOUR
	[TYPE	JAMES	ST	ANLEY	RT	CER. SR.	1	AUGUST	04.	1987	339 M
	3 SE)		4. RACE		S. DATE C	OF BIRTH	& AGE (IF	YEARS LAST BIRTHDAY)	IF UN	DER 1 YEAR	IF UNDER 24 HRS
		Male	White	2	Apri			75 v	RS.	DAYS	HOURS MIN.
7		RTMPLACE (STATE OR FOREIGN COUNTRY) Poland	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	DE NEVER MARRIED		ANNE AR	JNTY OF E		ITY MD.
4	10 CI	GLEN BURNIE	11. NAME OF I		ADDRESS)	OR OTHER INSTITUTION	120 USUA (TYPE OF WO	LOCCUPATION ORK FOR MOST OF WORK Metal Me	ING LIFE) IN	KIND OF	BUSINESSOR
6	13e. S	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU	ROTHER INSTITUTION		E ADMISSION)	134 INSIDE CITY LIMITS?	113e. STREE	TADDRESS Old Stag			
1	14. FA	THER'S NAME	MIDDLE	LAST:		15. MOTHER'S MAIDEN NA	AME	MIDDLE		LAST	
	8	Lawrence		Rice	r	Anna				(UNKN	IOWN)
6		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT (WII	e)	ADDRESS			
		No NA	,	212.10.6	002	Mary Ricer		S	ame a	s #13	
)		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per ED BY: TE CAUSE (a)	line for (b), (b), gr		Amest				APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
	NC	Conditions, if any, which gave rise to immediate cause Ia), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, O	RAS A CONSEQUENT AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TER	MINAL DISEA	ASE OR CONDITION	N GIVEN IN	N PART IIa	
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		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU			M IS PART I	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
		220.1 certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n	C17	75 /- 10	011	nd that in (my) (aur) apiniar	death occur	red on the date an	, 19	fram the c	ha(II)(we) last auses stated
		22b. SIGNATURE	1	allan	420	DEGREE ATTENDING PHYSICIAN	DIRECTO	L STAFF		SIY	SIGNED
		224 PHYSICIAN'S NAME (TYPE	LAMA M	n		22e ADDRESS	95 AQU	JAHART RO		061	14.53
		SURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	73d LO	CATION		U0 1	STATE
	L '	Burial 8	Aug 7,	1987 Me	adowr	idge Mem. Par		ridge	Howa	rd Co	
	24 FL	INERAL DIRECTOR	454	ADDRESS				REGISTRAR 256 RI	GISTRAR	SSIGNATI	RE
	Si	ngleton Funera	1 Home	Glen Bur	nie,	Maryland AU	600	1987 Jul	m fly	room !	andress.

DESCRIPTION OF THE PROPERTY OF THE PARTY OF

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH

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	(ITPE	Olicham	HELEN		MARIE		RILEY	18	1 (0	87		(1)	M
	3. SEX			4. RACE		S. DATE C	F BIRTH "	6 AGE (IN	YEARS LAST BIRT	HDAY)	IF UNDER	I YE AR	# UNDER	R 24 HR5
		FEMALE		WH	ITE	MONTH 1	17 1895		92	YRS	MONTHS	DAYS	HOURS	MIN.
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)	"M	ARYLAND		U.S.		WIDOWE	D DNORCED [IA C	INE AF					MD.
1		ANNAPOLIS		(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	C HOSPITAL	(TYPE OF WOR	OCCUPATION FOR MOST OF	F WORKING	LIFE) INDL	STRY GO	F BUSINI	E 55 OK
	1,607	AL RESIDENCE (IF N					I HOULTIAL					- 60	V I •	
-	13a. S		136 COU		13c CITY OR		13d Inside City Limits?		ADDRESS /			666		1
1	14. FA	THER'S NAME		MIDDLE	LAS1		15. MOTHER'S MAIDEN I	NAME	MIDDLE			LAST	T	
1			NKN				CARRIE						MICH	IAEL
2		AS DECEASED EV			166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRE	\$5				
	d (Y	NO OR UNKNOWN	(IF YES GI	VE WAR OR DATES)	220-	36-8087	CHARLES RI	LEY 320	CECIL	RD.				
		18 CAUSE OF DE	ATH (Enter o	nly one couse per	ligety to Lit	o Condition		1			Ð.	APPROXI	MATE INTE	RVAL D DEATH
		PART I. DEATH	-	TE CAUSE (o)	Inte	stinal	hemor	hoge	_					
		1 1 1 1 1 1 1		DUE TO O	ASA CONS	EQUENCE OF	0 0	0						
		Conditions, if a	nv. which	(,b)	02	colen	al rule	-						
		gove rise to		2015 10 01	AS A CONS	EQUENCE OF								
		underlying co	0		K AS A CONS	SECOUEINCE OF								
		PART 2 OTHERS	IGNIFICANT	CONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	SE OR CON	DITION G	IVEN IN P.	ART 1:0	,	
	Z													
4	CERTIFICATION	19a DATE OF OPE	RATION	19h COND	TION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUT	OPSY?	20b. IF Y	ES, WERE	FINDIN	IGS USE	D
1	FIC							VEC [No		TIFYING C	AUSES	OF DEA	
_	E			7 21b. TIME O	C INTO IDA		Tall How MILLIPY OCC	YES [но[]				NO	
1		21a. ACCIDENT WAS	_	LIOUD A	M. MONTH	DAY YEAR	21c. HOW INJURY OCC	UKKED (ENTERN	ATURE OF INJUR	RY IN ITEM TO	S PARI T OR P	ART 2)		
	\§	(IF EITHER NOTIFY A	_		M.	19					77%			
	MEDICAL	21d. INJURY OCC	URRED	21e PLACE		FFICE, FARM, ETC.)	211 EOCATION		CITY OR TO	wn	COU	NTY		STATE
	2	WHILE NOT	WHILE WORK	1	eer, the follow	, and the	The state of the							
		22a.1 certify that	(I) (this hosp	ital) attended th	deceased f	rom	8/6 19.8	7	81	6	19 8	7.	that (1)	(we) lost
		saw the dece	osed glive of	ot view the body	5/6	19. 8.7.,0	nd that in (my) (aur) opini	on death occurr	ed on the do	ote and ha	our and fro	om the	couses si	toted
		22b. SIGNATURE	1 taia taia n	of giview the body	offer death		DEGREE				220	DATE	SIGNED)
		(11/	10	0	al.	()	ATTENDING		STAF		5 3	91.	2/5	7
_		224 PHYSICIAN'S	NAME (1VDS	OR PRINT!			PHYSICIAN 122e ADDRESS	DIRECTOR	PHYSIC	IAN [-	40	-/-
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		VT. C	HL	-H/31	FJ	1-	111 Dels	use !	1	un	ap -	1	7	
		URIAL, CREMATIC	N, REMOVA	23b. DATE		23c NAME OF	EMETERY OR CREMATOR	23d LOC	ATION Y OR TOWN		COUNT	у		STATE
	1	BUR	IAL	8/10	/87	NEW CAT	THEDRAL CEM.		LIMORE	,	200141	M	IARYI	LAND
	24.51	INIEDAL DIRECTOR					125a F	ATE REC'D BY	DECISTRAD	25h DECH	STD AD'C C	MONIAT	LIDE	

DHMH - 16 60M 7/84

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

TO FUNERAL DIRECTOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. (VRA 15, 4)

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STATE OF MARYLAND

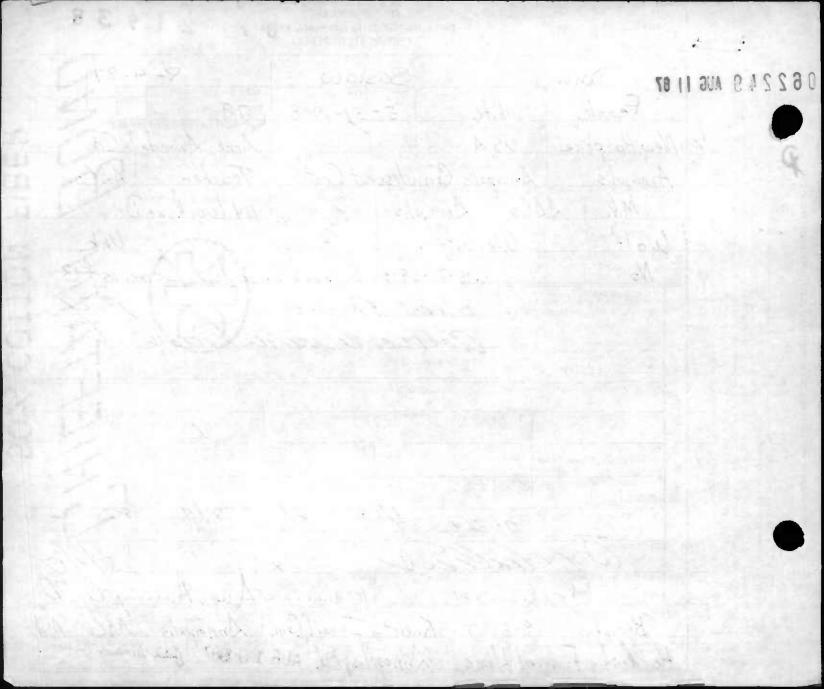
1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HA GENE \	7 0 0
1 66	REGISTRAR CEASED NAME (HIS)	MIDDLE	LAST	REG. NO	
	OR HEINT		Saclous	To Date of Seatt	8-4-87
111	7 3019	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	M
	Female	101.40	MONTH DAY 1908	79	MONTHS DATS HOURS MIN.
7a. B	IRTHPLACE CLEATE OLFORE ON	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR	
1/	lew Hamphine	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 Anne dr	undel Co. MD.
Ja.c	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	
1	Annapolis	Annapolis Con	inlescent Center	/eacher	AACO.
110	AT TESIDENCE (IF NURSING HOME OR 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	YES NO	114 Ward	Pr CODE Dr. 21401
1	Wolf	Weinstein	15. MOTHER'S MAIDEN	MIDDLE	Unk
		MED FORCES? 166 SOCIAL SECT	OBIB Samuel	S. Saslow	Same os #13
	18 CAUSE OF DEATH (Enter an		nd m		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSEI IMMEDIAT	E CAUSE (a)	af faction	2	Bref
	The street of	DUE TO, OR AS A CONSEQU	ENDE OF	1. 77	/9
	Conditions, if ony, which gave rise to immediate	(b) (18)	uc VHCKE	lang col	000
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU	IENCE OF		
166	PART 2 OTHER SIGNIFICANT C	(c)	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR COND	ITION GIVEN IN PART 110
Š.					
CERTIFICATION	NW DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
18	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
CAL	OR CONTRIBUTING CAUSE OF DEA	une .	19		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, DEFICE	FARM, ETC) 21f LOCATION STREET	CITY OR TOW	N COUNTY STATE
1	MILE NOT WHILE AT WORK		1100	1 0/1	
	22a. I certify that (I) (this hospit saw the deceased alive on.	2/74	\$2 and that in Implicant and	yon death accurred on the dat	e and hour and from the couses stated
	obove, (I) is a relate did not	new the body after death	DEGREE		THE DATE STENED
	WI	Loclin	ATTENDIN	G MEDICAL STAFF	AND STORY
1	22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e ADDRESS	d d	1 20
	15. Ho	chman	16 neur	ag Tue 1	mungoles 4
73e. 3	Burla REMOVAL	8-6-87 K	neseth I small	m. Innapi	
24 F	UNERAL DIRECTOR	ADDRESS	1 / M1 250	DATE REC D. BY REGISTR R 2	Sh. REGISTRAR'S SIGNATURE
1	lardesty tune	eral Home	mapo/13, /16 A	00 10 201	A

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

TO FUNERAL DIRECTOR. schoold be detached for use with the Store Dept. of Heal



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE CERTIFICATE OF DEATH

STATE FDT REGISTRAR REG. NO 20. DATE OF DEATH MIDDLE MONTH 2h HOUR 1. DECEASED NAME FIRST [TYPE OR PRINT] ANDREW RAYMOND **SCHEVETS** AUGUST 1987 & AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR 4. RACE 5. DATE OF BIRTH 3. SEX MONTH YEAR Male White 1915 June 6. YRS To BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY MARRIED XX NEVER MARRIED U.S.A. ANNE ARUNDEL COUNTY Pennsylvania WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) ARUNDEL HOSPITAL INDUSTRY GLEN BURNIE Corporal-Ret. M.V.A. USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. 130 STATE 13b COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Glen Burnie 1029 Genine Dr. 21061 A.A. MD YES T NO X 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME EIRST MIDDLE MIDDLE Samley Andrew Schevets Helen ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN) WW 2 207-01-1115 Margaret A. Schevets, same as 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (o), stating underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED M CERTIFYING CAUSES OF DEATH? PYEnons loft NO YES [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY ÉENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. LIF FITHER NOTHEY MEDICAL EXAMINERS 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive an 27 above, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINTS 22e ADDRESS 7300 RITCHIE HIGHWAY MARYLAND 2106 PADUSSIS GLEN BURNIE 230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION Burial CITY OR TOWN 87 Glen Haven Mem. Glen Burnie, MD 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

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James S. Kirkley, Glen Burnie, MD

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ALOR VERBOIT CREAL

CONSTANTING J. CARRESTS, N. C.ES RUMCH, MARYLAND ZICKS

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 certificate TO HOSPITAL OR ALTENDING PHYSICIAN: The retained by the hospital or offending physician.

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

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	1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HY &	REG. NO			49,
38 AUG -	EDA	ASED NAME	FIR51		MIDDLE	U	AST	20 DATE OF DEATH		AY YEAR	26 HOUR
Op noo.	7.4	PRINT)	Joh	n	Loui	S	Schmidt	Aug	ust 1	1987	M
6 od	3. SE.	X	4.	RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY)	FUNDER 1 YEAR	IF UNDER 24 MBS
offic.		Male		Whi	te	Febr	ruary 9 1911	76	YRS	ONTHS DATS	HOURS MIN.
100	M BI	RTHPLACE ISTATEORE	OREIGN 7b		WHAT COUNTRY?	8		9 BALTIMORE CITY OF	7.10	OF DEATH	
10/10/	M	laryland		U	J.S.A.	WIDOWE	DIVORCED DI	Anne A	rundel	L Count	y MD
		ITY OR TOWN OF DEA	тн 11			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATIO		126 KIND OF	BUSINESS OR
13/0/0	1	Baltimore	/		Bon Air Ro		(Home)	Warehouse		Chemi	cals
35	130 9	AL RESIDENCE IF NURS STATE laryland	136 COUNT	A.	Baltimor	V	YES NO X	130 STREET ADDRESS / 428 Bon A		ad 2122	5
11/12	0	ATHER'S NAME John		L.	Schmid	t	IS MOTHER'S MAIDEN NA/ FIRST Hannah	MIDDLE		Lud	widski
7		VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARM		212-07-		Dolores Schm	ADDRE	as 13e		TO SHOULD BE AND
ysic bpe 'f' f		18 CAUSE OF DEATH PART I. DEATH W	(Enter only	ane cause pe	line far (a), (b), and	ted	1				MATE INTERVAL
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d by the a ease remain of, cremati		gave rise to imm cause (a), stating underlying cause	nediate g the	DUE TO, O	R AS A CONSEQUE						
n signed Then pli to burn injury, a	NO	PART 2 OTHER SIGN	IIFICANT CO	NDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONC	ITION GIVE	N IN PART 1:0	THE S
has been to permit.	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO NO		WERE FINDIN	
g physical properties of the p		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH			Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	T IN ITEM 18 PA	RT I OR PART 2)	
ottending ter this c is the bur ond Me	MEDICAL	21d INJURY OCCURR	u.e.		OF INJURY REET, FACTORY, OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
TOR: Affor use of Health		220.1 certify that (1) saw the decease above, (1) (we) (d	d alive an_		19	, ar	nd that in (my) (aur) apinian	tatadeath accurred on the da			hat (I) (we) last causes stated
the has at DIREC etached ite Dept T: If Item		22b. SIGNATURE	1	26.	5		M D ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	22¢ DATE !	
retained by TO FUNERA should be di		EDWARD		ZAG	ULA		325 HUSPITE GLEN BURI	AL DR.		061	
BP		BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	236 DATE 8/4/			emetery or crematory ridge Mem Par	k Baltimo	re	Howar	
DHMH - 16 60M 7/84		UNERAL DIRECTOR	once li	001 Pt	tahi dollar	r Pol	10 Md 250 DAI	REC D BY REGISTRAR	25H REGISTR	AR SIGNAT	NE lace

STATE OF MARYLAND

20 DATE KNOWN DECEASED NAME [TYPE OR PRINT] SCHMIDT DEATH MATED JOSEPHINE 4. RACE AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS. DATE 11,1949 PRONOUNCED 8-23-87 April 3:50a Female White DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Colorado U.S.A. Anne Arunderl County 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Homemaker Own Home North Arundel Hospital Glen Burnie | 13d INSIDE (ITY LIMITS? | 130 STREET ADDRESS | 304 Georgia Ave. 21061 Glen Burnie 13b COUNTY MD 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Baldizan Alfred Valencia Juanita 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17. INFORMANT 521-70-8367 Andrew F. Schmidt, same as 13 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WE FOR PUREAL DIRECTOR SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH WITH, THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DBALT MORE, MARKLAND/21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Multiple injuries DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH pedestrian struck by an auto 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) Ritchie Howy, and Georgia Ave hawy. 22e I certily that I took charge of the remains described above held DATE 8-24-87 ssistant Dennis F. Smyth, 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT)

DHMH - 17 (VR A15 ME (5))

Burial

230 BURIAL, CREMATION, REMOVAL 236. DATE

27 August 87

Glen Haven Mem. Pk.

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

Glen Burnie

MD

24. FUNERAL DIRECTOR

James S. Kirkley, Glen Burnie MD

21061

AUG 26 987

, MARYLAND 21201	
E, MA	
BALTIMORI	
, 201 W. PRESTON ST., BALTIMORE, M	
W LOZ	
AL RECORDS, 3	
DIVISION OF VITAL RECORDS, 3	

63224 AUG	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE / 2 1 9 4 2 OF REGISTRAR CERTIFICATE OF DEATH REG. NO. 1 DECEASED NAME FIRST MIGOLE 1AST 120 DATE OF DEATH MONTH DAY YEAR 120 HOUR
ge 4 moy be ector, page 3	(ITYPE OR PRINT) Frederick Segelken Aug 12, 987 1 P. M 3. SEX 1. RACE S. DATE OF BIRTH MONTH S. DATE OF BIRTH MONTH 1. DAY YEAR 1. PAR 1. PAR MONTHS DAYS HOURS MIN. WORLD DAY YEAR 1. PAR 1.
ofter death. Po	76 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMONE CITY OR COUNTY OF DEATH WIDOWED DIVORCED Anne House of Hospital, Nursing Home or other institution 120 USU AL OCCUPATION 120 USU
RYLAND 2120	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. CITY OR TOWN 131. INSIDE CITY LIMITS? 130. STREET ADDRESS / ZIP CODE 21403 149 F. Day VIEW Drive 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. LAST
LTIMORE, MAI	Frederick Segelken Elizabeth Vogt 66. WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Same as 11 NOWN) (18 YES, GIVE WAR OR DATES) 216-32-5480 Mary Elizabeth Segelken - #13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PRYSIC IAN. The fore requires that the death certificate be executed within 24 hours oftending physician principles in page 10 of the destribution to the certificate hours for the certificate hours from the most compared to the death of the contraction of the death of the contraction of the certificate hours of the foundation of the central forms of the foundation of the central forms of the central forms of the foundation of the central forms of the central forms of the foundation of the central forms of the ce	DUE TO, OR AS A CONSEQUENCE Of the second of
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TALOR ATTENDED TO BE TO	sow the deceased of two and the courses stated obove. (1) we) (did (1) and view the body of ter death. 225 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRE
PD HOSP	MICHAGE J. La PENTA M 703 G. DDINGS AVE ANNAPOUS MULIU 230. BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CHYOR TOWN BURIAL OR CHIYOR TOWN AUG 15, 1987 HILLS LEST AND STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR Taylor Funeral Chapel Hinnapolis MU AUG 191987 AUG 191987

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARTLAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8							
CERTIFICATE OF DEATH	Ĭ							

063312 AUG 2	87 FOR STATE REGISTRAR		DEPARTMENT OF CERT	FHEALTH AND MENTAL HYO	GIENE 8 7	219	1 4 3
nay be page 3	1. DECEASED NAME (TYPE OR PRINT)	Arcady	A Ser	nenoff	20. DATE OF DEATH	- 15 - 8	26 HOUR 149PM
4 24	3 SEX Male	" RACE WA	,	e of Birth	6. AGE IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
ter death. Page he funeral direct within 72 hours.	10 BIRTHPLACE (STATE	0:	WIDO	RIED DIEVER MARRIED DIVORCED D	BALTIMORE CITY C		MD
rs offer filed wife	Edgewa.	ter "" p"	OF HOSPITAL, NURSING HOME SUCH ESCULIES, GIVE STREET ADDRESS)		120 USUAL OCCUPATION OF COMMON OF PROTINGE	WORKING LIFE) INDUS	on Sultant
AND 213	130. STATE Md.	13b. COUNTY O	13c. CITY OR TOWN	YES NO Z	130 STREET ADDRESS		21037
, MARYLAND sted within 24 ompletely fille. Tond 2 should be comme man	14) FATHER'S NAME FIRST	Unk	1AST	15. MOTHER'S MAIDEN NA	Uhkmiddle		LAST
BALTIMORE, execu- ond co	IYES, NO DI UNKNOWN	VER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)		Henry T./	leneely 6/0	ucester St.	. Annapolis
1. 多分類流程學2. B	18 CAUSE OF DI PART I. DE ATI	EATH (Enter only one couse p H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Metastatic	Prostate	CA	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
he dea markent markent	Conditions, if	ony, which ((b),	OR AS A CONSEQUENCE OF				
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	Z Q			UT NOT RELATED TO THE TERM			
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offer this certificate has been sig as the buriel-transit permit. Then h and Mental Hygiene prior to b orked or them 18 shows any injury	190 DATE OF OPE		IDITION FOR WHICH OPERAT		200 AUTOPSY?	20b. IF YES, WERE FILL IN CERTIFYING CALL YES	JSES OF DEATH?
JOF VITA JOF VITA SICIAN: T ng physicate certificate rial-transit them 18 sh	OR CONTRIBUTING	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY YEA P.M. 11		RED (ENTER NATURE OF INJU	RY IN ITEM IS PART I OR PAR	(2)
IVISION Offender offer this fer this tond Mi	(IF EITHER NOTIFY) 21d INJURY OCC WHILE NO AT WORK		CE OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn count	Y STATE
TENDIN ortol or TOR: Af TOR: Af TOR: Af TOR: Af TOR: Af		(I) (this horpital) attended eased alive an		and that in (my) (au apinion	death occurred on the	te and hour and from	that (I) (ye) last the causes stated

DEGREE 220 DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR DHYSICIAN 22e ADDRESS Gordon

230 NAME OF CEMETERY OR CREMATORY

230. BURIAL, CREMATION 236. DATE 8-19-8

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S-SIGNATURE AUG 19 1987 ALLA DESIGNATION

Andrew Comment of the Comment of the

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARY	LAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENG

SEP	-8	97-	STATE REGISTRAR	CEI	RTIFICATE OF DEATH	REG. NO.	1944
deo th		(TYPE		gia Kaylor	Shankel	20 DATE OF DEATH MONTH	DAY YEAR 26 HOURS
os offer o		3. SEX	Temale	White Se	ATE OF BIRTH MONTH PAY 1896	6. AGE (NYEARS LAST BIRTHDAY) 90 YRS	
runerol di	3	(PINGINIA	1. USA WID	ARRIED NEVER MARRIED DOWED DIVORCED DOWNE OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUN Anne Aru 126 USUAL OCCUPATION	MD.
by the	2	C	TY OR TOWN OF DEATH COUDS VILLE AL RESIDENCE (IF NURSING HOME O	TO THE SUCHEACHER ON STREET WHEE	rsing Home	TYPE WORK FOR MOST OF WORKING	Insurance
	5	130.5	THER'S NAME	A. Annapolis	13 NSIDE CITY LIMITS? YES NO NO NA S MOTHER'S MAIDEN NA	130 STREET ADDRESS / ZIPCO	Cove - 21401
02	0		Newton	Maylor Kaylor	Amand	ALDRESS.	Pitts
ers. Page if The media	1	0	IL CAUSE OF DEATH SENSON	ne was on thates 236-10-119	6 Ryth S.	Bonn-	APPROXIMATE PRESENTAL
ding phys pribon pap or remova fic event,			PART I, DEATH WAS CAUSE	TE CAUSE IN MANSCREAT	Usermice (1	yades	years
oy the attend os remove co oremotion, o			Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause fast.	DUE TO, ON SIA CONSEQUENCE	greenosce	riosclorosi	s years
it. Then ples for to buriel by injury, or		VIION	10mine	CONDITIONS CONTRIBUTING TO DEAD	ua_		
sit permi	2	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPER		YES NO NO	YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? YES NO NO
urial-tran Aentol Hy	7	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE (IN EITHER, NOTHY MEDICAL EXAMINE 214, INJURY OCCURRED	HOUR A.M. MONTH DAY Y	YEAR 19 216 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM I	ry
After this os the b Ith and A lorked or		MED	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ET	STREET	8/27/8	CHIPATE STATE
d for use it, of Hea m 21 is m			22s I certify that (1) (this hosp saw the declared alive or above, (I) (we) third indian 22h SANNA CO.	A 1 (-11 /1 /1	, ond that i (my) (Jur) apinion	death occurred on the date and	nour and from the causes stated
ERAL DIR e detoche Stote Dep ANT: If he			THE WAS NOT THE CITYPE	rt mi		DIRECTOR PHYSICIAN	8/28/8/
should be with the S	Д		Charles	H. Wirth M	1) 40	othian,	Md 207/1
		-	CETY)	Aug. 31, 1987 Mou	intain View	Bristol	county Vinginia
16 50M 4/83			NERAL DIRECTOR	Och A ADRESS	1 1	TE REC'D. BY REGISTRAR 256 REG	ISTRAKS SIGNATURE

364933 SEP-887 Mesonia hander Sharket Statutel 402 TEMPERATURE STATE OF THE PARTY Commission I To the Washing This Classifier Browning 1971) THE HOMENIE IN THE COURT FAVOR 21101 Newton Is the set Removale No comments had been the stage The second statement of the file of the English of the Control of the Contro at the state of the same of the state of the The property of the second state of Purchas Buy 2018 Manufact Care as Susteel Land Taylor timent theek Americans 15 MA SEROL AND

injury, or other traumatic event, the med

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

0							KEG. I	10.			
		CEASED NAME FIRST	N	IDDLE	L	AST	2a. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	
		Ashby	Da	У	Sha	nks, Sr.	Augu	st 13.	1987	HM	
	3 SE)	(4 RACE		5 DATE C		6 AGE (IN YEARS LAST BE		IF UNDER TYEAR	IF UNDER 24 HRS	
		Male	7.71 1 -		Aug	13, 1987	81	YRS	JA13	MIN,	
5		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8			D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
5		Virginia	U.S.A. WIDOWE			Anne ARundel			MD		
	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR	
2	G	len Burnie	605 Binsted Road				Service Te		Heati	ng	
	USU A	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN		THE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE			
	Ма			Glen Bur		YES NO K	605 Binst		ad 21	061	
	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAS:		
5	0	George	Α.	Shanks		Sidney	B.			lew	
		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT Son	ADDR	E553821	Marcus	Court	
		No None		216.05.7	615	Ashby D. Sha	nks, Jr.			. 21111	
		18 CAUSE OF DEATH Enter on	ly one cause per l	line far (a), (b), and	10	11	1 4			MATE INTERVAL	
		PART I. DEATH WAS CAUSE	D BY: E CAUSE (a)	wite	M	yourselle 1	uplatello	4			
Н		DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, if any, which	(1b)	griterio	rele	Edie Carolle	orderalae	Wall.	ke.		
		gove rise to immediate cause (a), stating the	DUE TO OP	AS A CONSEQUE	NCE OF			4-1-4			
4	193	underlying cause lost.	(6)	AS A CONSCOULT	ACE OF						
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIO									
	0			alable	to	Millelles					
1	MEDICAL CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION V			N WAS PERFORMED	200 AUTOPSY? 20b IF YES, WERE FINDINGS U				
1	RTIF					YES NO			YES NO		
2	G	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	1 HOUR A.A	INJURY A. MONTH DA'	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM IS PA	ART OR PART 2)	UFILE	
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER			19						
	AEDI	21d. INJURY OCCURRED	21e PLACE C	OF INJURY	RM ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
	~	AT WORK NOT WHILE									
		22a. I certify that (1) this hospi	1012.	deceased from	56/	19.57		31	987	that il (we) last	
3		sow the deceased alive on obove. (Live) (did Rdid no	I view the body o	ofter death.	, or	d that in (my) (aur) opinion o	death occurred on the d	ate and haur	and from the o	causes stated	
8		226 SIGNATURE	non.			ATTENDING	MERICAL STA	cc	The DAJE	SIGNED	
	Total	NOU	gun	n			DIRECTOR PHYSI	CIAN	0/14	187	
		22d. PHYSICIAN'S NAME (TYPE O					ld Mill oa	_			
		Dr. James Ben	jamin, N	1. D.		Mille	rsville, Ma	iryland	1 21108		
		URIAL, CREMATION, REMOVAL	236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
		Burial	Aug, 1	7,1987 Lo	udon	Park Cemetery	Baltimore			aryland	
		NAME NAME	- Umes	CY ADDRESS		25g DAT	REC D BY REGISTRAF	256 REGISTR	AR'S SIGNATI	JRE	
	S	ingleton Funera	1 Home	Glen Bu	rnie,	Maryland T	110	Julia De	ridon-R	ndelli	
					1	HUI	10 1981.6			0.685	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE

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E OR PRI	Hatt	ie	She	ffie	eld .	8/19		12 100
1 SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		
F	emale	White		nonth		83	YRS VAN	HOURS
7a BIRTHPL	ACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	- []	9 BALTIMORE CITY O	R COUNTY OF DEATH	
Peni	nsvlvania	USA		WIDOWE	D NEVER MARRIED DIVORCED	Anne Aru	ndel Co.	
	TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI		OF BUSINES
	vern	7733	Celegrap	h Ro	oad	Housewif	e Hous	ehold
130 STATE	IDENCE (# NURSING HOME COL		13c. CITY OR TOWN	V	13d. INSIDE CITY LIMITS? YES NOXX	7733 Tel	ZIP CODE egraph Ro	14-L
14 FATHER	SNAME				15. MOTHER'S MAIDEN NAM	ΛE		
Mi	llard J	James S	Sheffiel	d	Rhodella	WIDDLE	Mill	er
160 WAS D	ECEASED EVER IN U.S. A	RMED FORCES?	16h SOCIAL SECUI		17 INFORMANT	ADDRE		
	OR UNKNOWN) (IF YES, G	SIVE WAR OR DATES)	212 20	4500	Harriett M	av Whitta		
NOIL	2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	NAL DISEASE OR CONT	DITION GIVEN IN PART THE FIND	
CERTIFICATION D	ATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	YES NOXX	IN CERTIFYING CAUSE YES	
ш 210	ACCIDENT WAS UNDERLYING	216 TIME O	E INTUIDY					
00.0		110110 1	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2]	
00.0	ONTRIBUTING CAUSE OF DI	EATH HOUR A.	m, month da m.	Y YEAR		ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)	
POR CO	ONTRIBUTING CAUSE OF DISTRIBUTING CAUSE OF DISTRIBUTING CAUSE OF DISTRIBUTION	P. PLACE	m, month da m.	19	211 LOCATION STREET	ED (ENTER NATURE OF INJUÉ		
WHII AT WO 220 1	ONTRIBUTING CAUSE OF DISTRIBUTION CONTRIBUTION CONTRIBUTI	HOUR A. P. 11e PLACE (AT HOME, STE	M. MONTH DA M. OF INJURY DEET FACTORY, OFFICE, FA	19 ARM ETC)	211 LOCATION STREET	(ITY OR 10	wn county	51 , tha (1) (w
OR CO (IF) 21d J 21d J 21d J 22d 1	ONTRIBUTING CAUSE OF DI LITHER, NOTIFY MEDICAL EXAMIN NUURY OCCURRED E NOT WHILE AT WORK	P. 21e PLACE (AT HOME, STE	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA e discreted from	19 ARM ETC)	711 LOCATION STREET , 19 and that in my our) apinion of DEGREE	CITY OR TO	nte and hour and from th	, tha (we causes stat
OR CO (IF) 21d J 21d J 21d J 22d 1	ONTRIBUTING CAUSE OF DITTER. NOTIFY MEDICAL EXAMINING NOTIFY NOT	P. 21e PLACE (AT HOME, STE	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA e discreted from	19 ARM ETC)	211 LOCATION STREET . 19	(ITY OR 10	22c. DAT	, tha (we causes stat
OR CO (IF) 21d J 21d J 21d J 22d 1	ONTRIBUTING CAUSE OF DITTER. NOTIFY MEDICAL EXAMINING NOTIFY NOT	P. 21e PLACE (AT HOME, STE	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA e discreted from	19 ARM ETC)	211 LOCATION STREET . 19	to	22c. DAT	, tha (we causes stat
PUGAL OR CONTROL OF CO	ONTRIBUTING CAUSE OF DITHER NOTHY MEDICAL EXAMIN NJURY OCCURRED RR AT WORK certify the (1) his host ow the deceased alive of the control of	HOUR A. P. P. Ple PLACE (AT HOME, STE DITAL) attended the	M. MONTH DA M. OF INJURY REET. FACTORY, OFFICE, FA e discrated from after death	ARM ETC.)	211 LOCATION STREET 19 17 Ind that in my our) apinion of the physician o	LITY OR TO	22c. DAT	sto (we causes sto

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGUNE CERTIFICATE OF DEATH

REGISTRAR REG. NO 20 DATETOP DEATH MONTH & DAY CEASED NAME TYPE OR PRINTS Jacqueline Sherman Elvira August 5 DATE OF BIRTH 3. SEX 4. RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR Female White March 29, 1925 62 TO BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania USA WIDOWED DIVORCED [Anne Arundel 10 CITY OF TOWNSORDEATH WEST HOST NAME INC. HOSTOR DALES INSTITUTION 120 USUAL OCCUPATION 126 USUAL OCCUPATION
(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Sherman Glen Burnie Arundel Hospital Secretary Pin Setters JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13d INSIDECITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 13a. STATE 13c. CITY OR TOWN 725 Delmar Avenue Maryland A A Co. Glen Burnie YES \ NO X 21061 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charles Miller Pansy Shreckengost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Husband) 16b SOCIAL SECURITY NO. [YES, NO OR UNKNOWN] (IF YES, GIVE WAR OR DATES) 190.22.5125 No NA Kenneth C. Sherman Same as #13 18. CAUSE OF DEATH (Enter only one couse per line for 101, (b), and 10. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (a), stating the OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STREET (AT HOME STREET, FACTORY OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIANI ATOMEDIOT AT PHYSICIAN AV

DHMH - 16 60M 7/B4

(VRA 15, 4)

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23e BURIAL, CREMATION, REMOVAL Burial

STATE

death

236. DATE Aug 25, 1987

23c NAME OF CEMETERY OR CREMATORY Glen Haven Mem. Park

BURNIE, MARYLAND 21061

Glen Burnie, A A Co. Maryland

24. FUNERAL DIRECTOR Singleton Funeral Home

Glen Burnie, Maryland AUG

63968	UG.	29 87 tem 5, Person of Per	er F.H.ca	11 9/1 DE	0/87 STAT PARTMENT OF H CERTIF	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	ONE / REG. N	2	941	8
page 3		CEASED NAME FIRST	Ly	MIDDLE	Silv	erman	20 DATE OF DEATH		DAY YEAR 2	h HO
offe.	3. SE		White	0	5. DATE O	OF BIRTH - 2.5	6 AGE (IN YEARS LAST BIR	YRS.		HOURS
eoth. Pog	70 BI	male RIHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvan:	76 CITIZEN OF		NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY		
ofter de		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, N	NURSING HOME (OR OTHER INSTITUTION . Hospital	12a USUAL OCCUPAT (1YPE OF WORK FOR MOST O HOUSEWIF	ION	17h KIND OF I	BUSIN
24 hours	USU. 130 S	AL RESIDENCE (IF NURSING HOME TATE 136 CC		13c. CITY O	E BEFORE ADMISSION)	134. INSIDE CITY LIMITS? YES NO [X]	13e STREET ADDRESS 759 Marin	zip cobi	ircle	21
d within	14. FA	THER'S NAME FIRST Donald	MIDDLE TAT		ist	IS. MOTHER'S MAIDEN N FIRST Elizabe	AME		nknown)	
and con		VAS DECEASED EVER IN U.S.		16b SOCIA	L SECURITY NO.	17 INFORMANT Ray Silve	ADDR			Į.
hy icade be		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe JSED BY:	er line for 1,			rman same	as	APPROXIMA BETWEEN ON	TE INT
res that the deoi ned by the atter please remove, virial, cremation, y, or other traum		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(c)		ISEQUENCE OF	NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	IDITION GI	VEN IN PART TIO	
nos been signermit. Then ne prior to b	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR \	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDING FYING CAUSES O	GS US OF DEA
SICIAN: The ng physicia certificate I certificate I certificate I triol-tronsit them 18 should be should b		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU			
or ottending or ottending After this ce e os the buri alth and Mer marked ar Iti	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO)wn	COUNTY	
Tol. Tol. Is		22a. I certify that (I) (this he saw the deceased alive	9//	9		nd that in (my) (our) opinion	3, to	ote and hou	19 <u>67</u> , the ur and from the co	of (I)
by the hospi ERAL DIRECTI e deteched for State Dept. of NNT: If them 2		274 PHYSICIAN'S NAME OF	618	mit	vece ?	DEGREE ATTENDING PHYSICIAN 172e ADDRESS	MEDICAL STA		270 DATE S	DNED 20
TO HOSPITAL retained by th TO FUNERAL should be det with the State IMPORTANT:	77-				In house		- Industrial			
BP		BURIAL, CREMATION, REMOV SPECIFY) BURIAL JNERAL DIRECTOR		3/87	Hillc	rest	Annapol ATE REC'D. BY REGISTRAR	is	AA	D.F.
DHMH - 16 60M 7/B4 (VRA 15, 4)	Н	ardesty Fune	eral Ho	me, Â	nnapoli	s, Md. AUG	2.6 1087	738 REGIS	TRAK'S SIGNATUR	

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4		REGISTRAK		CERTIFICATE OF DEATH.	REG. NO.	
poge 3		ORPRINT)	BA Vingir	na Smith	20. DATE OF DEATH MON	17 87 930 A
4 may	3 SEX		1 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER : YEAR IF UNDER 24 HKS MONTHS DATS HOURS MIN.
Poge	70 BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	11 23 09	9 BALTIMORE CITY OR CO	VRS DUNTY OF DEATH
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ofter d	U CI	TY OR TO OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	(A	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
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hin 24	M. F.	MD A	A. Edgewa		103601d Jur	1 // 4 // 1
amplete	0	Harry	Collis.	on Karline	MIODIE	Dauson
edicol	16a V		RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	MODES V	alley View Ave.
te be	-	18 CAUSE OF DEATH (Enter or	nly ane cause per line for (a), (b), a		allison - Edg	euza Per. MD 21037
g physical properties on police of the contract of the contrac		PART I. DEATH WAS CAUSE	EĎ BY TE CAUSE (a)	CompA.		
tendin re carb on, or or		Conditions, if ony, which	DUE TO, OR AS A CONSE	VENOTOF TITLE COLD	Sul duck	uction
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() () () ()		underlying couse last.		DEATH BUT NOT RELATED TO THE TER		
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10000	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED		b. IF YE'S, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
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ding p ding p ding p ding p Mento or Mento	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19 211 LOCATION		
offer the the control of the control	A.	WHRE NOT WHILE AT WORK AT OR	(AT HOME STREET FACTORY, OFFICE	1 0	CITY OR TOWN	COUNTY STATE
fol or sell or		saw im discessed give or	pital) attended the deceased from		n death accurred on the date of	nd hour and from the causes stated
hospi heat to heat to them?		22b. SIGNA #	ot) view the bady after death.	DEGREE		22c. DATE SIGNED
TAL O	1	224 PHYSICIAN'S NAME (TYPE	Lamon	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 18 (1747)
HOSP FUN FUN FUN FUN FUN FUN FUN FUN FUN FUN		George C	Samaras M	ON 205 Ridge	Lu Aux Ann	and silve
5	23a (SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
BP	24 F	Duri al	Hug 20,1987	Mayo Memoria	ATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	4	aylor Funer	ral Chapel A	mapoliz, MD AU	G 1 9 1987 Jul	a Dender Rudoll
		9		1		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HOSIENE CERTIFICATE OF DEATH

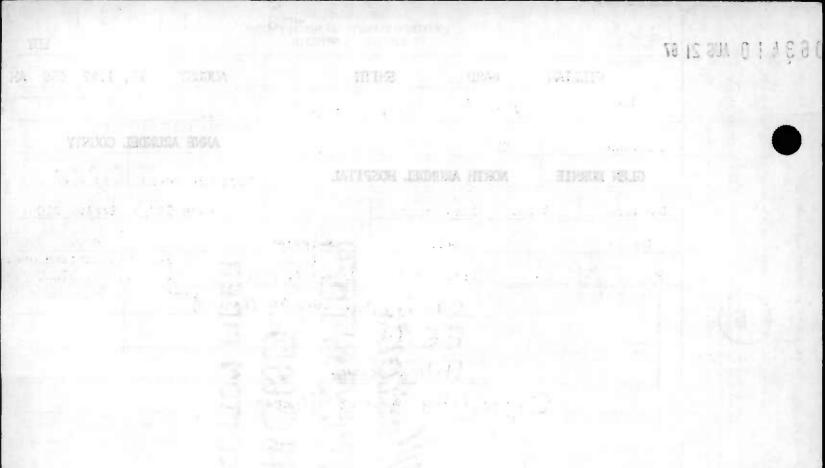
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FOR 1 - STATE

10 Common 5 5 E MOENTEN S MANNE SMANN SHOW A Ly right with the test are more Company of the state of O 13 11/5 / 12 14 15 14 14 L 1/2/3 AND THE SA TREE CA DRAW CONTRACTOR SECOND LANGUAGE AND ASSESSED AND ASSESSED ASSESSED.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the department has been executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been upted by the abundand the rion and completely filled in by the funeral director page 3 should be detached for use as the bund-transit permit. Then please remove companions. Pages 1 and 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to them to the prior.	IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other traumatic event, the medical examiner must be notified at other
	TO HOSPITA	Should be de	IMPORTANT

1 0 AUG 21	1-07	FOR STATE REGISTRAR	DEPART	MENT OF H	EALTH AND MENTAL HE		1 9	5	EDT
1 U NUG 21	_	EASED NAME FIRST	MIDDLE		AST	REG NO	MONTH DA	YEAR	2b HOUR
poge 3	(TYPE	WILLIAM	Walter	SMI	TH	AUGUST		, 1987	659 AM
ge 4 ma ectar po orsafter o	3 SE)	Male	White	S. DATE O		6. AGE (IN YEARS LAST BIRT	YRS MO	UNDER TYEAR	IF UNDER 24 HRS
Jeath. Po	ì	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	USA		D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF			
by the further described with	10 C1	GLEN BURNIE		1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCHEACILITY GIVE STREET ADDRESS) NORTH ARUNDEL HOSPITAL			ON F WORKING LIFE] Eman	126 KIND OF INDUSTREE Rail R	BUSINESS OR enn. Road
filled in bould be must be	136. 5	TATE 136 COUI	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134 CITY OR TOW Glen Bur	'N	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / 6901 Glen		Circle	21061
mpletely of 3 sh	14. FA	THER'S NAME FIRST Contee	MIDDLE Smith		15. MOTHER'S MAIDEN NAMERS TO MARGARET	WIDDLE		Bry	an
od co		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMAN(TSon)	ADDRE	\$2222 C	ld Eas	stern Ave.
Pogo and			A 717.07.6	728	Robert L. St			, Md.	21220
			nly one couse per line for (a), (b), and ED BY: TE CAUSE (a)	liv 1	sulmonay	amb	-	BETWEEN O	MATE INTERVAL INSET AND DEATH
matic and			DUE TO, OR AS TOONSEOU	MEST	(
by the of the removed other from		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS POONSEQUI	ENCE OF),,,,,				
signed to herr plea to burnol, njury, or o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVE	N IN PART 110	
on. has be permit and permit and print and pr	CERTIFICATION	1% DATE OF OPERATION	IN CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	™ AUTOPSY?	78s. IF YES, YES, YES	WERE FINDIN	GS USED OF DEATH?
SECIAN: The ag physicic certificate intol-transit ental Hygid		SIF VECKBALLING CHORSENING CONCERNING WAS PHODESCAPE.	ATH HOUR A.M. MONTH DE	AY YEAR	21¢ HOW INJURY OCCURR	And the			
HY HY	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	2	TH LOCATION	criorio		COUNTY	STATE
TENDING P ital or atter OR: After th or use as the f Health and		22s I certify that (I) (this hosp law the decapsed alive or	19 19 18 18 10 10m	717	nd that in (mly) (our) opinion o	to 8/19	d / 19	and from the c	hat (I) (we) last
at OR AT the hosp at DIRECT etoched for ite Dept. o		77b SIGNATURE	Mr B Ou	nue	DEGREE ATTENDING PHYSICIAN TO	AEDICAL STAF	,	771. DATE !	
O HOSPITAL TO FUNERAL should be det with the State MAPORTANT:		JORGE B. R	AMIREZ, M.D.	0		845 OAKWOOD RNIE, MARYL	ROAD,	SUITE 1061	205
with the state of		URIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COLUMN TW	ET-M
BP		Burial	Aug 22, 1987 G	len Ha		Glen Burn			
DHMH - 16 60M 7/84		INERAL DIRECTOR	5/Mourans			E REC'D. BY REGISTRAR		CANON S	-
(VRA 15, 4)	5	ingleton funer	al Home Glen Bur	rnie,	Maryland All	520 987	Surre to	Chromby,	-



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

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. KEGISTKAK			REG. NO.	A CONTRACTOR OF THE PARTY OF TH					
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
LOMAN	S.	STALNAKER Jr.	8	25 87 12:29 M					
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS UAYS HOURS MIN.					
MALE	CAUCASIAN	9 13 09	77 YRS						
To BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED							
West Virginia	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL	COUNTY					
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR					
GLEN BURNIE		DEL HOSPITAL	Shipwright	U S Gov't					
USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 136, COL MARYLAND A.	OR OTHER INSTITUTION GIVE RESIDENCE JINTY A. 13c CITY OR Glen			21061 kshire Lane					
I4. FATHER'S NAME LOMÂN	S. STALNA	KER Sr ALICE	MIDDLE	HAHAN					
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166, SOCIAL	SECURITY NO. 17 INFORMANT G16	en Burnie, Mary.	land 21061					
(YES. 10 UNKNOWN) (IF YES, G	235 1	18 1523 Mary Stal	lnaker 121 K Wa	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	Advanced Her	nentia ERMINAL DISEASE OR CONDITION (GIVEN IN PART Ito					
Se Se	izul disu	rder.							
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO					
OR COLUMNIC CAUSE OF C			CURRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I ORPART 2]					
21d. INJURY OCCURRED WHILE NOT WHILE IN AT WORK	WHILE NOT WHILE LATHOME, STREET, FACTORY, OFFICE, FARM, ETC STREET CITY OR TOWN CO								
naw the deceased alive a	27a.1 certify thor (1)/this hospitol) ottended the deceased from								
226 SIGNATURE									
Paul Paul	5 Rho	Jes MD 166	Wrigh Care	- Cypung					
230 BURIAL CREMATION REMOVA	1 23h DATE	230 NAME OF CEMETERY OR CREMATOR	PY 123d YOCATION	0					

TO FUNERAL DIRECTOR

should be detoched for use os the buriol-tronsit permit. Then please remove is with the State Dept. of Health and Mental Hygiene prior to buriol, cremation. IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other tros

After this certificate has been

OR ATTENDING PHYSICIAN: The low ottending physicion.

TO HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

Cremation 8/25/87

Westview Crematory Catonsville Balto.

Md.

24 FUNERAL DIRECTOR Raymond C. Fink Glen Burnie, Md. 21061 AUG 2 6 1987 Line Devices Part 250-REGISTRAR'S SIGNATURE

1001 Attehend majorit L. C impega

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

•	icirc			1		
	REG. N	10.				EDT
_	2e. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	

		NEO OTRA					3.0		REG. NO.				200 2
		CEASED NAME FIRST	MIDI	DIE	LA	ST		2e. DATE OF D	EATH MONTH	DAY	YEAR	26 HOU	R
	(IIIE	BETTY	JEAN	V.	STA	MPER		AU	GUST	7,	1987	32	4 AN
	3. SE	X	4. RACE		5. DATE O			6. AGE (IN YEAR	S LAST BIRTHOAY)	IF UNDE	RIYEAR	IF UNDER	74 HRS
		Female	Whi	te		ry 28.	1941		46 YF		DATS	HOURS	NO 11%
	34. BI	RTHPLACE (STATE OR FOREIGN	L CITIZEN OF WE	AT COUNTRY?	AAA PRIED	NEVER M	APPIED T	9 BALTIMORE	CITY OR COU		ATH		
7	1	Maryland	USA		WIDOWE		ORCED	A	NNE ARU	NDEL	COUN	TY	MD.
	0 CI	ITY OR TOWN OF DEATH	II. NAME OF HO	SPITAL, NURSING		R OTHER INST	ITUTION	120 USUAL OC				FBUSINE	SSOR
1	,	GLEN BURNIE		I ARUNDEI		PITAL		Homer	naker	Ov	oustry n H	ome	
7	USU/ 130 S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIV	E RESIDENCE BEFORE A	DMISSION)	13d INSIDE CI	TY HAUTS?	13e. STREET AD	DRESS		2107		
1		aryland A A		Hanover		YES []	NO 🔼	139 C	hesapea	ke Mo	bile	Cou	rt
2	14 FA	ATHER'S NAME	AIDDLE	LAST			MAIDEN NAM		MIDDLE		LAS		
-1		Ferris	NUDLE	Hood		An	_		WIDDLE			ultz	
2		WAS DECEASED EVER IN U.S. AR		SOCIAL SECUR	ITY NO.		Ч (Husba	and)	ADDRESS				
-	()	YES, NO OR UNKNOWN) (IF YES, GIVEN	WAR OR DATES)	14.38.36	61		e B. St			Same a	s #	13	
1		18 CAUSE OF DEATH (Enter on										MATE INTER	VAL
	-	PART I. DEATH WAS CAUSED		C	17 0	eldo	2	Resn	ical.	J. [
		IMMEDIAL					1	/	0	7			
		DUE TO, OR AS A CONSEQUENCE OF											
0		Conditions, if any, which gave rise to immediate											
		cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF								0.			
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV							CIVENIA	DADT 1		==	
	Z												
	CERTIFICATION	198 DATE OF OPERATION	ON FOR WHICH C	CH OPERATION WAS PERFORMED						WERE FINDINGS USED			
	IFIC							YES T	IN CE	RTIFYING	CAUSES	OF DEAT	
	ERI	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF I			21c. HOW IN.	URY OCCURR	ED (ENTER NATUR			PART 2)		
/		OR CONTRIBUTING CAUSE OF DEA		MONTH DAY									
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF	INJURY	19	211 LOCATIO	N			_			
	ME	WHILE NOT WHILE		FACTORY, OFFICE, FAI	RM, ETC }	STREET			TITY OR TOWN	co	UNTY	5	STATE
		AT WORK AT WORK	-1) -444-4-4-4	forest and the second	-	2.3	10 X 2	. 9	. 7	10.8	7		
		220.1 certify that (f) (this hospit saw the deceased alive an	2 /	eceasea from	2		our) opinion d	leath occurred a	on the date and	bour and I		that (I) (
į,		saw the deceased alive an										SIGNED	
		THE SIGNATURE	//	K			TTENDING _	MEDICAL	STAFF _		DAIE	SIGNED	
-		224. PHYSICIAN'S NAME CHIPCO	//	-	0-0	27e ADDRESS		DIRECTOR	PHYSICIAN [
		228 PHYSICIAN'S NAME THE O	(Panel)			226 ADDRES		18 S. C	AMP MEA	DE RO	AD		
_		SACIT FREN	M.D.				INTHIC		YTAND	21061			
	23a E	BURIAL, CREMATION, REMOVAL	23b DATE			METERY OR C		23d LOCATI	TOWN	COUN	TY	5	TATE
		Burial	Aug 10,	1987 Mea	dowr	idge Me				Howa		0.	Md.
		UNERAL DIRECTOR R. A.	Hayskin	ADBRESS		1		RECID. BY REC	SISTRAR 256. RE	GISTRAR'S	SIGNAT	URE	
	21	ingleton Funeral	. Frome G	len^Burn	ile, M	iarylan	a All	3 1 1 40	07 4	Trible		-	C

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VIOLOU DEBRUOM BARA

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FOR - STATE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL PIGENTE
CERTIFICATE OF DEATH

ANDDE LAST 20 D

T. D. E. D. T. D.

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	ALCOHOL: MARKET CA
ľ	DECUSED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
١	(TYPE OF PRINT) RICHAR	D ALBERT	STANKEY	August 26,	1987
1	3 SEX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
4	Male	White	7 26 36	51 YRS	MONTHS DATS HOURS MIN
1	78 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		BALTIMORE CITY OR COUNT	Y OF DEATH
1	California	USA	WIDOWED DIVORCED	Anne Arunde	l MD
d	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
4	Millersville	1816 Woodrai	1 Drive	(TYPE OF WORK FOR MOST OF WORKING I	Dept.of Def
	SUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COUR A.	NTY 130 CITY OR TOW	Ville YES NO K	130 STREET ADDRESS / ZIP COD 1816 Woodrai	
1	14 FATHER'S NAME	MIDDLE LAST	IS MOTHER'S MAIDEN NA	ME	LAST
	Cesar	Rossett			Bomben
	160 WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES!		ADDRESS	
	Yes	728-12-	-2696 Sandra Sta	ankey Same as	#13
Ī	18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), on	nd (cs.)	37 N. 4	BETWEEN ONSET AND DEATH
1	PART 1. DEATH WAS CAUSE	TE CAUSE (0) Perpe	natary Arrest		
1		DUE TO, OR AS A CONSEOU	ENCE OF A		
١	Conditions, if any, which	(b) Can	un of the leen	7	
1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
1	underlying couse tost	(6)			
1		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART To
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
7	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
	JET I				(ES NO
	210. ACCIDENT WAS UNDERLYING	Transport of the Control of		RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
7	OR CONTRIBUTING CAUSE OF DE.		AY YEAR		
1	OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE)	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, I	FARM, ETC) SINEE!	CITY OK TOWN	STATE
1		ital) attended the deceased fram_		, to	, 19, that (I) (we) last
	saw the deceased alive on above, (1) (we) (did) (did no	at view the body after death.	, and that in (my) (our) opinion	death accurred on the date and ha	our and from the causes stated
	22h SIGNATURE	- MAIO	DEGREE		220 DATE SIGNED
	Robert	Oseafell	MD. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		a Anne adic
	Robert M.	Sceenfield M.	0. 139 012	Soloman Isl	Rd wil.
	230. BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	Cremation	8/27/87 We	stview Memorial	Baltimore	DM .

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has bee should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene prioring MPORTANT. If hem 21 is marked or Item 18 shows any

THE FUNERAL DIRECTOR

Hardesty Funeral Home, Annapolis, Md.

250. DATE REC'D BY REGISTRAN 256 REGISTRAN'S SIGNATURE AUG 2 8 1987 Julia Dividon Render

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours ofter etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely the lebush the ishauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If them 21 is marked or Item 18 shaws any injury, or other traumatic event, the medical examiner must be halffee
),	TO HOSPITAL OR A	TO FUNERAL DIREC should be detached with the State Dept	IMPORTANT: If Hem

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL OF GIENE
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REG. NO			,

SO AIC L	1.	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL OF BEATH	ENÉ 2	1 1	3 0	
D 9 AUG 11		CEASED NAME FRST CHAR	Charles MDDIE Arthu		ASS Staylor	20 DATE OF DEATH	MONTH DAY	YEAR 7	26 HOUR
ge 4 may be ectar, page 3 irs after death	3. SE		4. RACE	5. DATE C	DE BIRTH YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF I	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
oth. Pog		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIE	NEVER MARRIED	Anne Aruno			
ofter de ed within	10 C	Maryland TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.) Arundel General	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST O Buyer - Mo	ON F WORKING LIFE)	12b. KIND OI INDUSTRY	F BUSINESS OR
24 hours	130.	Annapolis AL RESIDENCE (IF NURSING HOME OR 1736. COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		13e.STREET ADDRESS / Rt. 1 Box	ZIP CODE	2161	
completely 1 and 2 sto		THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	E MIDDLE	100	Brys	ī
e execute		VAS DECEASED EVER IN U.S. AR			17 INFORMANT Mary H. Stay	ADDRE	ss ne as a		NO. 14
physician physician mpapers. maval.			ly one couse per line for (a), (b), one DBY. ECAUSE (b) Carolio		D aries	+		BETWEEN	MATE INTERVAL DINSET AND DEATH
that the death cer I by the attending sose remove carbo al, cremation, ar re r other traumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	M	50 pa thy			45	۸
requires the signed E. Then plea injury, or o	NOI	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to </u>	EATH BUT	NOT RELATED TO THE TERMIN	nal Disease or Cone)ITION GIVEN	IN PART 110	
tan. the law refau. that been the perior in permit. If it is not prior in a perior in a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, V IN CERTIFYIN YES [
GCIAN: THE g physicic certificate rial-transfer tem 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM IS PART	ORPART 2)	
attending the this of the bull was the bull who and Med or I inked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
ATTENDIN spital or CTOR: Al for use of Aealt		sow the deceased alive an	o ottended the deceased from 19 11) view the body after death.	3 '7 , or	nd that in (my) (our) opinion de			nd from the c	
rat OR , y the ho Rat DIRE detached forte Dept UT: If then		Berry P. 4	Chango	mt		FAR DR. MAR. MEDICAL STAF DIRECTOR PHYSIC	r	224. DATE S	SIGNED 7
TO HOSPITAL (retained by the TO FUNERAL (should be deto with the State L IMPORTANT: If		BARRY P.	MATHANSON		51 FRANKL	IN ST.	ANNI	ap v	nD.
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial			emetery or crematory Memorial Cem		ore B	alt.	STATE MD
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR NAME MAME MA	meral Home, Ches	ster,	MD 21619	AB A LA PROPERTY	The REGISTRA	R'S SIGNATU	RE. Randall

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CALLS IN THE STREET STREET STREET

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4) The state of the s on 1000 on the way that a Digital typic in the tender transmit the and the same series and all the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MIDDLE MONTH 2h HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX RACE 5. DATE OF BIRTH DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED D NEVER MARRIED DIVORCED CITY OR TOWN OF DEATH 12h. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Housewife Home Maker 130 STATE 13e.STREET ADDRESS / ZIP, CODE NO W 15 MOTHER'S MAIDEN NAME IN FATHER'S NAME FIRST MIDDLE MIDDIE FIRST Albert Sarah Gauntz Herwig ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) George E. Stern Sr. Same as 13e No 213-36-6113 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per lige for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED In DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COHNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a. I certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (1) (we) (did) (did not) view MONATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL [SPECIFY] Glen Haven Mem Park Glen Burnie Ma 8/6/87 Burial AUG UT 1087 24 FUNERAL DIRECTOR

George J. Gonce 4001 Ritchie Hgwy Balto Md

DHMH - 16 50M 4/83 (VRA 15, 4)

1.55 Displayed the Control of the Control General Control THE YOUR WALL STREET STREET, SALES OF THE RESERVE AND ADDRESS OF THE PARTY OF THE P

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH

Adia Dividion Pondass

		- Continue						REG. NO				
		CEASED NAME FIRST		NODLE TAI		AST		20 DATE OF DEATH MONTH	DAY	YEAR	2b HOL	JR
		LEONARD		ANKLIN		VENS		August 30,		ER : YEAR	IF UNDER	0.2440
	3 SEX		4 RACE		5 DATE O	DAY VE	A 9		MONTH!	DATS	HOURS	MIN
4	2 21	Male	White	AND A COUNTRY		st 20, 192		65 YR BALTIMORE CITY OR COUR		EATH		
6		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF V	WHAT COUNTR	MARRIE	NEVER MARRIE				CALIFI		
4	NO CE	Maryland TY OR TOWN OF DEATH	U.S.A.	IOSPITAL NILIPS	WIDOWE	D DIVORCE		Anne Arunde		KINDO	E BLISTNI	A FSS C
	G	len Burnie	200 Que	en Anne	Road	N OTHER INSTITUTION		(TYPE OF WORK FOR MOST OF WORKIN Truck Driver	G LIFE) IN		Pres	tor
Z	13a. S	AL RESIDENCE IN NURSING HOME OF TATE 136 COUNTY CVland Anne		13c. CITY OR TO	NWN	13d INSIDE CITY LIM		13e STREET ADDRESS / ZIP CO 200 Queen Anne		ıd	2106	51
5		THER'S NAME				15 MOTHER'S MAID		IE	1100	- 17	2100	
-9	JE	Harry	W.	Steven	s	Catherin	ie .	MIDDLE V .		Wil	helm	1
1			MED FORCES?	166 SOCIAL SE			Wife		me a	S		
		No N/	A	212-16-	6541	Mrs. Lore	tta	D. Stevens	# 1	_		
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		sow the deceased alive on	X	2 10	D	nd that in (my) (puri o	opinion d	eath occurred on the date and	hour ond			
		22b. S IGOP TURE:	III view IM Body	after death.		DEGREE				2c DATE		
		USS H.	NA	n.		ATTEND	DING CIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		8-	31-1	7
		224 PHYSICIAN'S NAME	REMIET O	0		325 Hospi	tal	Drive Suite	20/			
		Dr. Raymond G	. Herzin	nger		Glen Burn						
	230 B	SURIAL, CREMATION, REMOVAL	23h DATE Sept 198	23	NAME OF C	EMEJERY OR CREMA	TORY	23d LOCATION	£ OU	NIY		STATE
		Burlar	198	37'	cuar II.			Glen Burnie	A.A	. M	aryl	
	24 FU	INERAL DIRECTOR	Place 1	. Second		5.W.		REC'D. BY REGISTRAR 256 REC	SISTRAR'S	SIGNAT	URE	
	Si	ngleton Funeral	Home G	Glen Bur	nie, M	aryland	SE	P 1 1987 1	ia Du	dion	Pand	44

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed a should be detached for use as the buriol-transit permit. Then plea with the State Dept. of Health and Mental Hygiene prior to buriol,

IMPORTANT: If Hem 21 is morked or Hem 18 shows

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the burial tronsit ond Mental Hygie

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MPORT

WILLIAM REESE & SONS MORTUARY, P.A

TO FUNERAL DIRECTOR Should be detoched with the State Dept.

DIRE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSTENE CERTIFICATE OF DEATH

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Dender

FOR - STATE REGISTRAR REG. NO 3 8 8 3 AUG 26 87 EASED NAME WIDDLE FIRST 2a. DATE OF DEATH MONTH DAY YEAR 26 HOUR 8 87 # UNDER 24 HRS 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX 5 DATE OF BIRTH 10 1909 HOURS. MIN MALE BLACK 9 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED CAROLINA U.S.A. WIDOWED XXX DIVORCED ANNE ARUNDEL COUNTY MD ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR BAY MAN OR NURSING HOME (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ANNAPOLIS SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY ANNAPOLIS 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 181 West Street A . A . NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME UNKN OWN LAST UNKN OWN LAST Annapolis, Maores 21401 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT THERESA SAVOY 181 West Street 214-16-6352 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per lige for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (O Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NOF YES [Ash of 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (on) opinion death occurred an the date and hour and fram the causes stated saw the deceased alive on above. (1) (we) total (did not) view the body after death DEGREE 72L DATE SIGNED 22b. SIGNATURE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS # 101 GLRNBURNIE 14 WELLHAM MO 21061 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION COUNTY BURIAL 8-14-1987 MARYLAND VETERANS A.A. Maryland S Crouncy 17 A.A. Ma: 24 FUNERAL DIRECTOR Annapolis, Md. 21401

DHMH - 16 50M 7/77 (VR A 15 (4))

	LOISTRAK						▶ REG
		FIRST		MIDDLE	į	AST	20 DATE OF DEATH
(TYPE OW)		ERINE	Alic	e	STOD	DART	AUGUST
3. SEX			4. RACE				6. AGE (IN YEARS LAST
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7a. BIRTH	IPLACE (STATE OF	RFOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CIT
No	va Scoti	a	USA		WIDOWE	DIVORCED	ANNE
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	76. BIRTH-COUNTY OF THE COUNTY	3. SEX Female 76. BIRTHPLACE (SLATE OF COUNTRY) NOVA SCOTI 10 CITY OR TOWN OF DE GLEN BURN OSUAL RESIDENCE (IF NUM 136. STATE Maryland 14 FATHER'S NAME FIRST Frederi 160 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO 18. CAUSE OF DEA PART 1. DEATH Conditions, if on gove rise to in couse (a), stat underlying cous PART 2 OTHER ICC (IF EITHER NOTIFE MAS UI OR CONTRIBUTING OR CONTRIBUTING	TO THE PRINT THE PART OF PART 1. DEATH WAS CAUSE OF DEATH HENCE ON COUNTRY) NOVA SCOTIA 10. CITY OR TOWN OF DEATH GLEN BURNIE USUAL RESIDENCE (IF NURSING HOME OIL 136. STATE HISTORY FRIEST Frederick 160. WAS DECEASED EVER IN U.S. ARE FIRST Frederick 160. WAS DECEASED EVER IN U.S. ARE FIRST Frederick 160. WAS DECEASED EVER IN U.S. ARE FIRST Frederick 160. WAS DECEASED EVER IN U.S. ARE FIRST Frederick 160. WAS DECEASED EVER IN U.S. ARE FIRST Frederick 160. WAS DECEASED EVER IN U.S. ARE FIRST Frederick 160. WAS DECEASED EVER IN U.S. ARE FIRST FOR LINE FIRST FOR COUNTRIVENOWN 181. CAUSE OF DEATH HENTER COUSE (10), stating the underlying couse lost PART 2 OTHER IGNIFICANT OR CONTRIBUTING OR CAUSE OF DE CONTRIBUTING OR CON	TYPE OR PRINT) KATHERINE Alic 3. SEX Female VI. 4. RACE Female VI. 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Nova Scotia 10. CITY OR TOWN OF DEATH 11. NAME OF ITE NOT IN SUCCESS. GLEN BIRNIE OSUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION. 136. STATE USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION. 136. COUNTY Maryland A A Co. 14 FATHER'S NAME FIRST Frederick 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN) NO 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO. Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost 199. DATE OF OPERATION 199. DATE OF OPERATION 199. COND 216. INJURY OCCURRED WHILE 199. COND 216. INJURY OCCURRED WHILE 170. ACCIDENT WAS UNDERLYING 216. PLACE (AT MOME STI AT WORK 170. ACCIDENT WAS UNDERLYING 216. PLACE (AT MOME STI AT WORK 170. ACCIDENT WAS UNDERLYING 216. PLACE (AT MOME STI AT WORK 170. ACCIDENT WAS UNDERLYING 216. PLACE (AT MOME STI AT WORK 170. ACCIDENT WAS UNDERLYING 216. PLACE (AT MOME STI AT WORK 170. ACCIDENT WAS UNDERLYING 216. PLACE (AT MOME STI AT WORK 216. ACCIDENT WAS UNDERLYING 216. PLACE (AT MOME STI AT WORK 217. ACCIDENT WAS UNDERLYING 218. CAUSE OF DEATH (III DID (III DID WEN THE BODY AT WORK 219. ACCIDENT WAS UNDERLYING 210. INJURY OCCURRED WHILE 210. ACCIDENT WAS UNDERLYING 211. ACCIDENT WAS UNDERLYING 212. ACCIDENT WAS UNDERLYING 213. THE COUNTY AT WORK 214. ACCIDENT WAS UNDERLYING 215. THE COUNTY AT WORK A ROCITED WAS UNDERLYING A ROCI	TOUNTRY STATE Alice 3. SEX Female 4. RACE White 7a. BIRTHPLACE (SLATE OR FOREIGN COUNTRY) NOVA SCOTIA 1b. CITIZEN OF WHAT COUNTRY? NOVA SCOTIA 1c. CITY OR TOWN OF DEATH 1c. CITY OR TOWN MARYLAND 1d. CITY OR TOWN MARYLAND A A Co. Glen But MARYLAND Frederick Hogg 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO 18. CAUSE OF DEATH (Enter only one cause per line for (or), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (of), stating the underlying cause lost Conditions, if ony, which gave rise to immediate couse (of), stating the underlying cause lost 1c. CITY OR TOWN 1s. CAUSE OF DEATH (Enter only one cause per line for (or), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUE Conditions, if ony, which gave rise to immediate couse (of), stating the underlying cause lost 19a. DATE OF OPERATION 19b. CONTRIBUTING TO D 19c. CITY OR TOWN 19c. CITY OR TOWN	TOUR PRINT) KATHERINE Alice STOD 3. SEX Female 4. RACE White Feb 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) NOVA SCOTIA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 137. CITY OR TOWN MARYLAND A A CO. Glen Burnie 14. FATHER'S NAME FIRST Frederick 15. DATE OF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 156. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO 167. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO 168. CAUSE OF DEATH (Enter only one cause per line for (or), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause lost stands the underlying cause lost 169. DUE TO, OR AS A CONSEQUENCE OF 170. CITY OR TOWN 171. CAUSE OF DEATH (FETHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR OTHER DISTRIBUTION FOR WHICH OPERATION 172. CONDITION FOR WHICH OPERATION 173. CITY THE OF INJURY HOUR AM. MONTH DAY YEAR AT WORK AT WORK AT WORK 174. HOR STREET, FACTORY, OFFICE, FARM, ETC.) 175. CITY THE	SEX STODIDART S. DATE OF PRINT! S. DATE OF PRINT! VEAR MONTH MONTH

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

Glen Burnie, Maryland

30, 1987 IF UNDER 1 YEAR IF UNDER 24 HRS Y OR COUNTY OF DEATH ARUNDEL COUNTY 126. KIND OF BUSINESS OR ST OF WORKING LIFE! Nursing Home 21061 don Court Apt 557 Stoddard DRESS 8197 Great Bend Rd. GLen Burnie, Md. 21061 ONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE that (1) (we) last e date and haur and Irom the causes stated 225 DATE SIGNED TAFF SICIAN DRIVE, SUITE 208 MARYLAND 231. NAME OF CEMETERY OR CREMATORY Brooklyn Park A A Co. Md. Sent 2,1987 Cedar Hill Cemetery 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SEP 1987 Julia Devider Pandall

EDT 26 HOUR

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

23a. BURIAL, CREMATION, REMOVAL

Burial

Singleton Funeral Home

(SPECIFY)

24 FUNERAL DIRECTOR

064492 SEP-2-87ATE

Yellian will Investig

GLEF BURNELL MAKETE ARTHURE TOOP LINE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

CERTIFICATE OF DEATH

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1	A	nnapolis		(IF NOT IN SUCE	ne Arunde	address)		Housewife	ORKING LIFE) INDUST		
2	130 S		136 COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Churchto	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF	PCODE	20	733
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A	7	John	MIC	W.	IAST F2	arran	Leslie	MIDDLE	(unknown	1)AST	
4	14n- \A/	AS DECEASED EVER	IN II S A DAAF		16b. SOCIAL SECU		17 INFORMANT	ADDRESS			
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1		18 CAUSE OF DEAT	H (Enter only	one couse per	line for (o), (b), on	d (C).			BETWI	POXIMATE INT	ERVAL ID DEATH
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ı	Z	PART 2 OTHER SIGN	AILICAIAI CO	NDITIONS CC	NALKIBOTINO TO I	DEATH BUT	THE RELATED TO THE TERM	INAL DISEASE OR CONDITIO	DIA GIAEM HA LAK	110	
H	CERTIFICATION	19a DATE OF OPERAT	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY2 201	b. IF YES, WERE FIN	DINGS US	ED
4	FIC								CERTIFYING CAU	SES OF DEA	
4	ERT	21a. ACCIDENT WAS UND	DERLYING	21b. TIME O	FINIURY		71r HOW IN JURY OCCURR	YES NOE			
1		OR CONTRIBUTING		110110 4	M. MONTH DA	AY YEAR	THE POST OCCOUNT	(EMEKIANIONE OF INJOH IN	TEM IS PART OF TAR	• 1	
d	ICA	(IF EITHER NOTIFY MEDI		P./		19	ALL LOCATION				
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1		AT WORK AT WO	RK -				11/1/2019				
		220 1 certify that (I)					, 19			_, that (l)	
		sow the decease obove, (I) (we) (c	ed alive on did) (did not) v	view the body	otto death.)	, or	nd that in (my) (our) opinion o	death occurred on the date o			
		226. SIGNATURE	/	~ //	7/		DEGREE	FDIC.L		ATE SIGNED	
		Robert.	M G	reft			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0	1311	4>
		228 PHYSICIAN'S NA	AME (TYPE OR P	RINT)	. 1		22e ADDRESS	1 1 - 1	-0	5 1	
		Robert F	1. G-60	enfle	d, M.D.		<u> </u>	lones Is 1	E.V .		
		URIAL, CREMATION,	REMOVAL	23b DATE			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Brentwood	Dr. County	200	₩ď.
	24 51	Burial		9-3-	1987 Fo	IT L11	ncoln Cemetery	DIGITUMOOD	Promident sin		
		NAME			A-1-80	ONAH	ring, Md. SEP	FREC'D. BY 987STRAR 258	WE CALLINANT SIG	Marie	-
	H	lines/Rina	ldi Fur	neral H	ome Silv	er Sp	ring, Md.				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

MPORTANT: If Item 21 is morked or Item 18 share

ATTENDING PHYSICIAN, The low ouplid or aftending physician.

TO HOSPIT

BP. DHMH - 16 60M 7/ (VRA 15, 4)

						STAT	E OF MARYLAND					
	1 -	FOR STATE REGISTRAR			DEPAR		ICATE OF DEA		1 6	2 g. no.	1 9 6	3
UG I		EASED NAME	FIRST	M	IDDLE		LAST		20. DATE OF DEA		DAY YEAR 2	b. HOUR
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	1, 5E)			RACE		S. DATE C			6. AGE (IN YEARS LA	ST BIRTHDAY		F UNDER 24 HE
	-	11)		W		MONT		04	0.2	YRS		HOURS M
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2 -	10 CI	TY OR TOWN OF DEA	TH 11.	NAME OF H		ING HOME	OR OTHER INSTITU	TION	12a USUAL OCCU	PATION	12h KIND OF	BUSINESS
5		Annapolis	5				eral Ho	sp.	Atto		INDUSTRY	
3	NEU A	L RESIDENCE (IF NURS		ER INSTITUTION C	GIVE RESIDENCE BEFO	DRE ADMISSION)	13d. INSIDE CITY I		13e.STREET ADDR		NDE .	
35		Md.	Anne	-	Annap						a Dr. 21	401
-	14 FA	THER'S NAME			LAST		15 MOTHER'S MA		AE	- 11/11		
DO		Isaac	MIDD	OLE .		auss	Kate		MIDE	DIE	Bor	0
60		AS DECEASED EVER			166 SOCIAL SEC		17 INFORMANT		A	Dübede		
1/	IY	ES NO OR UNKNOWN)	(IF YES, GIVE WA	R OR DATES)	214-38	-3742	Helene	S	Tenner	429 I	Fair Poi	nt R
21		18 CAUSE OF DEATH	I (Catao a alora						Y)	Aumaj	_APPROXIMA	
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or other		cause (a), stating underlying cause	g the last.	(c)	AS A CONSEO		(
infury.	NOIL	PART 2 OTHER SIGN		iditions <u>coi</u>	ntributing to	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR	CONDITION C	GIVEN IN PART 1 a	
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ō /	MEDIC	21d INJURY OCCURR		21e PLACE O	F INJURY ET FACTORY, OFFICE	E FARM, ETC.)	214 LOCATION STREET		CITY	OR TOWN	COUNTY	STATE
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2		220 I certify that (1)		/ / -		0 -3		9-14	, to	// 5	19 5	(I) (we)
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2		22b. SIGNATURE	1/2	1/	-	>	DEGREE	NDING	_MEDICAL	STAFF	The DATE SE	MAD /K
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IMPORT		Kic	nard	7.	Hoch	man	16	INO	irray	Aue	Annapa	(12,
1	230 B	URIAL, CREMATION, I	REMOVAL 2	3b. DATE	230	NAME OF C	EMETERY OR CREA	MATORY ,	23d. LOCATION		COUNTY	STATE
-		Burial	- 11	8/14	/87	Knese	th Israe	el	Annap	olis	AA	Mc
7/84	24. FU	NERAL DIRECTOR			ADDRESS	100		250 DATE		RAR 256 REGI	ISTRAR'S SIGNATUR	E
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIERE

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t	-	HEGISTRAR			ICATE OF		REG. N		9 9	1
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Ļ		Gerry		20	ween	ey		8-01	2-01	1.12bw
ı	3 SEX	male	Caucasia	n S. DATE O		1934	AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
ŀ	1				. 21		52	YRS		
1	C	OUNTRY)	CITIZEN OF WHAT COUP	MARRIE		MARRIED	RALTIMORE CITY C		DEATH	
ļ		napolis, Mary	1. NAME OF HOSPITAL, N			ONORCED [PINNE HO	UNDEL	CO	MD. F BUSINESS OR
Ì	A	INAPOLIS	THE HOUT IN SUCH FACILITY, GIVE	ESTREET ADDRESS)	1		School B			- BUSINESS OR
1	13a. S	RESIDENCE (IF NURSING HOME OR O TATE 136 COUNT aryland Anne	Y 113c CITY OF		13d INSIDE	CITY LIMITS?	3. STREET ADDRESS	zugene i	rais	Wighway
1	1	THER'S NAME FIRST AN AN AN AN AN AN AN AN AN A	F. Nalle	ST V	15. MOTHE	R'S MAIDEN NAME	M . MIDDLE	Tydir	ngs tasi	
ł		AS DECEASED EVER IN U.S. ARM		L SECURITY NO.	17 INFORA		ADDRI	SS		
l			WAR OR DATES) 214-3	0-6060			Ley Same	as 136		
ľ		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED		- 1		2014			BETWEEN	MATE INTERVAL DISET AND DEATH
۱		IMMEDIATE		mphy	semo				5	years
l			DUE TO, OR AS A CON	SEQUENCE OF						0
l		Conditions, if ony, which gove rise to immediate	(b)							
ı		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON	ISEQUENCE OF						
I			(c)	C TO DE ATU DU	ALOT DEL AV	O YO THE YERM		DITION CRIS	D I D A D T A	
ı	NO	PART 2 OTHER SIGNIFICANT CO	DUDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATI	ED TO THE TERMIN	IAL DISEASE OR CON	DITION GIVEN	IN PART HO	
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	20h IF YES, V		
I	TEK						YES NO	IN CERTIFYIN		NO [
1	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAD	21c HOW	INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
ı	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19						
ı	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE FARM FTC I	211 LOCA		CITY OR TO	wn	COUNTY	STATE
ı	2	AT WORK NOT WHILE	THE TOTAL STREET, THE TOTAL ST	1	10	07	8/7	-	00	
ı		22a I certify that (I) (this hospita	il) attended the deceased	from/	0	19_4/	. to	, 19	8/	that (I) (we) lost
ı		sow therdeceosed alive on obove, (I) (we) and rate nor	kiew the body after death,	19 0 / . 0	nd that in (m	y) (our) opinion de	oth occurred on the d	ote and hour o	nd from the	couses stated
		22b. SIGNATURE	Coleur	,	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA		221 DATE	SIGNED
1		224. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDR	74)	4	1 / 2	- / /
		EWCO	LE-14		51	FRANK	LIN ST	- AN	NAPO	icis Md
	230 B	SPECIFY) SUPIAL	236. DATE 8-28-87	23c. NAME OF C	crest	Annan	olis Anne	a ARun	aren o	o Midie.
1	D	ullal	0-20-01	11777	01000	minup	7			

DHMH - 16 60M 7/B4 (VRA 15, 4)

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MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical

24 FUNERAL DIRECTOR Robert Evans 1212 Wesses St. E.

Annapolis Frd. 1987 Julia Desider Condent

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FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	4	6	5
PEG NO			- 15

19 8	REGISTRAR		CERTIFICATE	OF DEATH	REG. I	10.		7		
1. DE	CEASED NAME FIRST	WIDDIE	LAST		2g. DATE OF DEATH		DAY YEAR	26 HOU	R	
LIAB	F Cancis	L	Thoma:	S	2	3/15/	87	4:0	5 AM	
3. SE		4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST E		IF UNDER I YEAR	IF UNDER		
Ma	ale	Caucasian		9 17	70		NONTHS DATS	HOURS	MIN.	
	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	1		9 BALTIMORE CITY					
A.	S. Dakota	U.S.A.	MARRIED NE	DIVORCED	Anne A	rundel			MD.	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER		12a. USUAL OCCUPA	F BUSINE				
VE	daewater	Pleasant Living		enter	(TYPE OF WORK FOR MOST	OF WORKING LIFE	E) INDUSTRY			
130.	MD. HYA	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY TTSVILLE	ADMISSION) (N 13d. INS	IDE CITY LIMITS? NO X HER'S MAIDEN N.			ton Pl		3	
0/	ROBERT S TH	MIDDLE LAST		PEARLA	NDERSON		LAS	ī		
	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECU	IRITY NO. 17. INFO	DRMANT		RESS		-		
200	(YES, NO OR UNKNOWN) (IF YES, GI	579-03	-2915 B	obert T	homas - 9	56-19	23			
	T 11.03	nly one cause per line for (o), (b), on		ULIET I	HOMAS /	30 77	APPROXI BETWEEN	MATE INTER	V AL DE ATH	
	PART I. DEATH WAS CAUSE		astati	c C.A						
NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I		ATED TO THE TERM	MINAL DISEASE OR CO	NDITION GIVI	EN IN PART 110			
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS P	ERFORMED	700 AUTOPSY?	IN CERTIFY	, WERE FINDING CAUSES		H?	
- 1	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HC	W INJURY OCCUP	RRED (ENTER NATURE OF IN			NO [
	OR CONTRIBUTING CAUSE OF DE		AY YEAR							
MEDICAL	TIE EITHER NOTIFY MEDICAL FXAMINE TIE INJURY OCCURRED WHILE NOTIWHILE AT WORK	P.M. 21e PLACE OF INJURY (AL HOME, STREET, FACTORY, OFFICE, F		CATION STREET	CITY OR	OWN	COUNTY	\$1	TATE	
		XX attended the deceased from		(my) (X r) opinion	to 8-15- death accurred on the		19 87 and from the			
	22b. SIGNATURE	yin	DEGREE		MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	08-1			
	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e AD	DRESS		36.7				
	Charles Kinzer		183	3 Forest	Dr., Anna	polis,	Maryla	nd 2	1401	
	BURIAL, CREMATION, REMOVAL	23b. DATE 23c h	NAME OF CEMETER	OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	51	TATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR Anatomy Board

ADDRESS

A JEDITE 801987 GISHALLE WELLARS PNAMES

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		AD SHatorts A	

								ARYLAND					
62010	1.	FOR SJATE						AND MENTAL		2	1 4	6 6	
62948 AUG	17	ISTRAR		ME	DICAL	EXAMIN	ER'S	ERTIFICATE	OFDEATI	REG. I	٧٥.	13 7	
		CEASED NAME	FIRST		WIDDIE			LAST	2a.	DATE KNOWN OF ESTI-	MONTH X	DAY YEA	R 2b HOU
% % % % E	(CORPRINT	Be	essie	mae	Ti	nnen			OF ESTI-	7-31-	-87 19	
ROTE	3 SE)	4. RA		5. DATE OF BIRTH		6 AGE IN YE			R 24 HRS. 2c.	DATE	MONTH	DAY YEA	AR 2d HOU
N STE			,, ,	MONTH DAY	YEAR	LAST BIRTHD		S DAYS HOURS	MIN PRO	DEAD	7_21-	-87 19	3:20
STO Y		emale E	Black	June 1	HAT COUN	36 5Y			9 1	BALTIMORE CITY			
SH S	PC	REIGN COUNTRY)		A 100 THE R. P. LEWIS CO., LANSING				ED NEVER MAR	RIED L		_		
S NECESSARY, PLEASE FUNERAL DIRECTOR. E. S FOR YOUR FILES. ED, WITHIN 72 HOURS		ash.,D.C		USA TI. NAME OF HO	COUTAL AU	DE ING HOM	WIDOW			Anne Aru			MI
ELAY IS NO THE FU PAGE 5 SE FILED.	10 C	IT OK TOWN OF D	EAIN	(IF NOT IN SUCH F.		TREET ADDRESS)		EK INSTITUTION	FOR MOS	TOF WORKING LIFE)		OR INDU	STRY
A 5 4 8 6		aurel		3452 A			#301		Reta	ail sal	es cl	erk	
D. 21201 IF ANY DELA 2, AND 3TO 3. RETAIN PA 3. PETAIN PA 1. RECORD		AL RESIDENCE (IF IN	136 COUNT			OR TOWN	ON)	13d INSIDE CITY LIMITS?	13e STREET	ADDRESS		6	30816
ANY AND RETAIN RETAIN THE POUT OF SECOND AND AND AND AND AND AND AND AND AND A	M	aryland		Arunde				YES NO		2 Andre	ws Ct	. # 3	01
1 NS 2 3 2 1	H.	ATHER'S NAME		WIDDLE		LAST		15. MOTHER'S MAIL	DENNAME	WIGOTE		LAST	
DEATH M PM M PM M PM	A	lbert		MIDDLE	Exu			Julia		R.		Whit	e
TIMOR TER DE FORM SES TORM	16a. V	VAS DECEASED EVE	ER IN U.S. ARA	AED FORCES?	16b. SO	CIAL SECURIT	Y NO.	17. INFORMANT		ADDRE	SS	N 10	
RS AFTER DEATH. IF ANY OF OF PAGES 1, 2, AND WITH FORM PM 3, RETA F. PAGES (WAND) F. PAGES (WAND) DIVISION OF WALLREDO	(1	ES, NO, OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	57	8 50	1851	Mary Ex	um-si	ster- 5	016 2	nd St	., N.V
		18 CAUSE OF DE	ATH (Enter onl	y one cours per lin	e for (a) (b) and (e))				Apt.	# 2	APPROXIM	ATE INTERVAL
PRESTON ST. THIN ZZ HOUR IL IN ITEM 18. HER ALONG W HER ALONG W HER HYGIENE, D REMOVAL.		PARTIDEATH	WAS CAUSED	BY: HV	perte	ensive	arte	riosclerot	ic card	diovascu	lar di	SEASE OF	ISET AND DEATH
VALE REPORTS			IMMEDIAT	E CAUSE (o)	_	NSEQUENCE							
PRESTO		Conditions, if	any, which	00210,0		TOL GOLITCE	0.						
= 0 2 3		gove rise to		(b)	246460	NSEQUÊNCE	0.5						
OI W. P. TED WITH A PENCIN KAMINE AL - TRAN MENTAL N, OR RE		lying couse lo		DUE TO, OF	R AS A COR	ASEGUENCE	OF					100	
DS, 201 W. PRES KECUTED WITHIN IG" IN PENCL, IN BURIAL-TRANSI AND MENTAL IT ATION, OR REM				(c)									
DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W. RITING THE WORD." PENDING" IN PEN ROBED TO THE CHIEF MEDICAL EXAMINES BASHOULD BE USED AS A BURIAL-TREDEPARTMENT OF HEALTH AND MENTOR INCOMPTION, OR	7	PART 2 OTNER SIGNIFIC	ANT CONDITIONS C	CONTRIBUTING TO DEATH	RUT NOT REL	ATEO TO THE TERM	HINAL DISEAS	OR CONDITION GIVEN IN I	PART 1 (a).				
ECC END AND AND AND AND AND AND AND AND AND A	CERTIFICATION										15/ 3		
HOULD BE HOULD BE HE MED PEND HER MED AS OF HEALT	ığ	19a. DATE OF OPE	RATION	196 COND	ITION FOR	WHICH OPER	M MOITA	AS PERFORMED?				20 AUTOPS	SY?
VIIA VORDE V	1 =										CH4.10	YES X) NO [
CERTIFICATE STRING THE WC PED TO THE WC PED	8	210 EXTERNAL CA	ma .	216. TIME O		DAY YEAR	R 21c HC	OW INJURY OCCURE	RED LENTER NATU	JRE OF INJURY IN ITEM	IB PART 1 OR PAR	F 2)	
RTIFICATE NG THE VOD TO THE SHOULD PARTMER PARTMER PARTMER TO RICK TO THE PARTMER	3	CONTRIBUTING	CAUSE OF D	P.A	Μ.	19					0000	4.1	
VISI 3 SF PRI	MEDICAL	21d INJURY OCCU	JRRED		OF INJURY	(AT HOME,		CATION		TY OR TOWN	cou	NIV	STATE
DIN THIS C ;; WRIT WARDI WARDI PAGE; 51ATE 21201	~	AT WORK AT	OT WHILE WORK]									
DIVIS DIVIS THIS CER CATE, WRITIN FORWARDED OR: PAGE 35 HE STATE DEP ND, 21201 PR		22n Leastifu the	at Ataok shara	e of the remoins de	satibad ob	ave held on	Autop	sy X, Inspecti	0. [Inquiry .	and in my api		
A S S S S S S S S S S S S S S S S S S S		death resulted se		ol couses X	Accident		ikide	Homicide .		ined monner	}	mon	
RATIFE SECOND	7.9	dedili resolled in	140107	or cooses	-/	4	Clae	TITLE (SPECIFY)	Undeterm	inea manner	,		
X S S S S S S S S S S S S S S S S S S S		ACTUAL A	21111	ed 7	Thu	NAI	all	Assista	nt		DATE	7-3	1-87
ICAL EXAL SHOULD I SHOULD I ERAL DIRE EATH, WIT	1	SIGNATURE	acc.	- V X	17	1 110	90	0_0001000	MEDICA	LEXAMINER	SIGNE)	1 07
W C C C C C C C C C C C C C C C C C C C	1	EXAMINER'S NAM	NE D	ennis F.	Smyth	n. M.D.		111	Penn S	treet			
TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PAFIER DEATH, WITH THE ST BARTMORE, MARYLAND, 2	22. 0	(TYPE OR PRINT)						ADDRESS					
Fmg-F40	(URIAL, CREMATION	, KEMOVAL 2	_				Memoria	23d LOCA	K Land	over	"Md.	STATE
07/84 BP		ırial UNERAL DIRECTOR	A	Aug. 7	, 198	nal	. IIIOIII						100
DHMH - 17	24. 1	NAME A	phn 1	- / Subres	1003	11		Road	G 1 A	GISTRAR ISB RE		Modes	
(VR A15 ME (5))	St	ewart F	unera.	1 Home-	4001	Renni	rug i	toau no	0.7.7	30/12			6

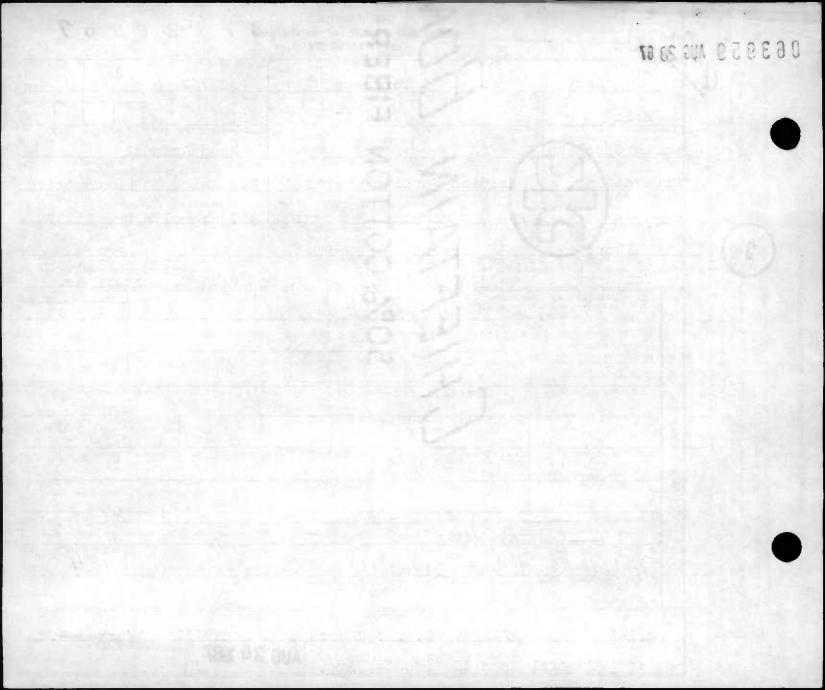
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

UG	28	FOR STATE POISTRAR	DEPA		EALTH AND MEN		REG. NO	6.	, 0	175
		CEASED NAME FIRST	MIDDLE	L	AST	2		MONTH DAY	YEAR	h HOUR
/	11111	Gary	Robin	Torr	ence		8/22/87		200	M
	3. SE		4. RACE	5. DATE C	F BIRTH		AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
		Male	W	01	17	35	52	YRS.	VINS DATS	HOURS MIN.
2		RTHPLACE (STATE OF FOREIGN)	76. CITIZEN OF WHAT COUNT	TRY? B		9	BALTIMORE CITY O		FDEATH	
	,	rth Carolina	USA	WIDOWE	DIVOR		Anne A	runde	1	MD
X			11. NAME OF HOSPITAL, NU	IRSING HOME C		ION 1	20. USUAL OCCUPATI	ON	126 KIND OF	BUSINESSOR
	Se	verna Park	Meridian N		Center		Mechanic		Autor	notive
7	U5U/	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE B	BEFORE ADMISSION)					nacoi	OCIVC
5		STATE 13b COUN			134 INSIDE CITY L	_	427 Magn	-	Dr 21	1037
A 1		ryland lanne		water	15 MOTHER'S MA	A-		olial	Dr. Z	1037
21	0		AIDDLE LAST		first		WIDDLE		LAST	
7.7	160 V	Albert VAS DECEASED EVER IN U.S. ARA	Torre	SECURITY NO.	Edith 17 INFORMANT		ADDR	597 Mag	Hotto	
/	- 0	YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	2-9466	Tamos	E Co				
-					James	E. GC	oudreau E	ugewa	APPROXIM.	ATE INTERVAL ISET AND DEATH
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY	INGINA	Thelan	amal			BETWEEN ON	20 ON
		IMMEDIATE	E CAUSE (a)	H WASA	- HUUUT	MILL			3/1	(I) KR]
		Control of	DUE TO, OR AS A CONSE	EQUENCE OF					STATE	
	1	Conditions, if any, which gove rise to immediate	(b)		-					
		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	EQUENCE OF						
			(c)							
	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING</u>	TO DEATH BUT	NOT RELATED TO	THE TERMIN	ial disease or con	DITION GIVEN	I IN PART Ita	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATIO	WAS PERFORME	D	20s AUTOPSY?		VERE FINDING	GS USED
-/		NO EXPERIENCE OF STREET							NG CAUSES C	F DEATH?
1	E .	31. ACCIDENT WAS INDEBLYING			1214 HOW IN 1112	V OCCUPATION	YES NO	YES [
1		21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY	DAY YEAR	21c. HOW INJURY	Y OCCURRED	YES NO	YES [F DEATH?
5		OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M., MONTH P.M.	DAY YEAR	LINE TO	Y OCCURRED		YES [F DEATH?
1	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH	19	211 LOCATION	Y OCCURRED		YES [F DEATH?
5		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOTIWHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFF	FICE FARM ETC.)	211 LOCATIÓN	Y OCCURRED	D (ENTER NATURE OF INJUI	YES [1 OR PART 2)	PEDEATH?
5		OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 270 I certify that (I) (this hospit	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFF	FICE FARM ETC)	211 EOCATIÓN STREET	· 87	D (ENTER NATURE OF INJUI	YES (IN ITEM IB PARI WN 19	1 OR PART 2) COUNTY	STATE
5		OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHIE NOT WHILE AT WORK 220 I certify that (1) (the hosput saw the deceosed alive an above, (1) (weat-theligh) and	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFF	FICE FARM ETC.)	211 LOCATION STREET O , 1' d that in (my) (our	· 87	D (ENTER NATURE OF INJUI	YES (IN ITEM IB PARI WN 19	COUNTY ### The county of the	STATE of (I) (we) lost ruses stated
5		OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOTIFY MODE AT WORK 270 Certify that (I) the hospit saw the deceased alive an	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFF	FICE FARM ETC.)	211 LOCATION STREET Of that in (my) Lower DEGREE	9 87 Opinion dei	CITY OR TO	YES (RY IN ITEM 18 PART WN 22 19 19 19 19 19 19 19 19 19 19 19 19 19	1 OR PART 2) COUNTY	STATE of (I) (we) lost ruses stated
1		OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK 270 I certify that (I) (this hospit saw the deceased alive an above, (I) (maj. ideal. (did not	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	FICE FARM ETC.)	211 LOCATION STREET 1 d that in (my) (DEGREE PHYS	9 87 Dinion de	D (ENTER NATURE OF INJUI	YES (AY IN ITEM 18 PARI WAN 22 19 ate and hour a	COUNTY ### The county of the	STATE of (I) (we) lost ruses stated
5		OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHIE NOT WHILE AT WORK 220 I certify that (1) (the hosput saw the deceosed alive an above, (1) (weat-theligh) and	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	FICE FARM ETC.)	211 LOCATION STREET 1 d that in (my) Louise DEGREE	9 87 Dinion de	CITY OR TO	YES (AY IN ITEM 18 PARI WAN 22 19 ate and hour a	COUNTY ### The county of the	STATE of (I) (we) lost ruses stated
5	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHIE NOT WHILE AT WORK AT WORK SOW the deceosed alive an above, (1) (was takel) (did not 128 - 165 to 148 to 158 to	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OF	om S/II om S/II om S/II	211 LOCATION STREET d that in (my) (www.) DEGREE ATTER PHYS 226 ADDRESS	9 ST DING OSICIAN	CITY OR TO , ta ath accurred on the do MEDICAL STAI DIRECTOR PHYSIC	YES (AY IN ITEM 18 PARI WAN 22 19 ate and hour a	COUNTY ### The county of the	STATE of (I) (we) lost ruses stated
5	WEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK 270 I certify that (I) (this hospit saw the deceased alive an above, (I) (maj. ideal. (did not	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OF	om S/II om S/II om S/II	211 LOCATION STREET 1 d that in (my) (DEGREE PHYS	9 ST DING OSICIAN	CITY OR TO	YES (IN IN ITEM 18 PARI WA 22 19 Inter and have a	COUNTY ### The county of the	STATE of (I) (we) lost ruses stated
5	WEDICAL	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 71d IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 770 I certify that (I) (the hospit saw the deceosed alive an above, (I) (majudiel) (did not 11 STATE OF THE NOTIFY MEDICAL EXAMINER) BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OF	om 3/1 19 om 3/1 19 on 0	211 LOCATION STREET d that in (my) (www.) DEGREE ATTER PHYS 226 ADDRESS	9 27 Opinion de	CITY OR TO A TO ATT OF TO A	YES (IY IN ITEM 18 PART) WN 19 Ite and have a	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STATE STATE STATE STATE STATE
5	230 B	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE AT WORK 220 I certify that (I) (the hospit saw the deceosed alive an above, (I) (wall-diell) (did not THE SIGNATURE SURIAL, CREMATION, REMOVAL SPECIFY)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	om 3/1019 or	d that in (my) Louise Physics Address EMETERY OR CREA	9 27 Opinion de	CITY OR TO A TO ATT OF TO A	YES (AY IN ITEM 18 PARI WA 22 19 ote and hour a	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STATE STATE STATE STATE STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)



PHYSICIAN: The low requires that the death certificate the section of the section of the section. Page 4 may be and not physician.

STATE OF MARYLAND

16	FOR STATE REGISTRAR		DEPARTA	CERTIF	ICATE OF DEATH	13	REG. N		9 0	EDT
	CEASED NAME FIRE EOR PRINTS	MURRAY	MIDDLE	TULL	LAST	SR 26	AUGUST	26	1987	26 HOUR 4 00 A
3 SE	Male	4. RACE Whi		S. DATE (H DAY YEAR	6.	74		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	IRTHPLACE (STATE OR FOREIG COUNTRY) Maryland ITY OR TOWN OF DEATH	U.S	WHAT COUNTRY?	WIDOW	D NEVER MARRIED ED DIVORCED DR OTHER INSTITUTION		ANNE A	RUNDEL	COUNT	Y MI
	GLEN BURNTE	NORT NORT	H ARINDEL.	HOSP	TTAL.	(1	Printer	INDUSTRY		
	AL RESIDENCE (IF NURSING M STATE Maryland	Arundel	Glen Bur	nie	1 - 10	90	street address 3 Andrews	s Road	21061	
1	George	B.	Tull	1	Minnie Minnie		M.		Canr	
	WAS DECEASED EVER IN U	S. ARMED FORCES? (ES GIVE WAR OR DATES) NONE	705-05-6		Kenneth M.	Tul	70°	Mont: jewood	icello , Md. 2	Ct. 21040
	Conditions, if ony, whi gave rise to immedia couse (a), stating 1 underlying couse la	DUE TO, (b) DUE TO.	OR AS A CONSEQUE	nce of	Con Can	cer			5	mate interval onser and beath months
NOI	PART 2 OTHER SIGNIFIC	_ (c)_	CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR CON	DITION GIV	EN IN PART 10	0.
CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIC	ON WAS PERFORMED		200 AUTOPSY? YES NO	IN CERTIF	, WERE FINDIO YING CAUSES	
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CAUSE OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	OF DEATH HOUR AMINER)	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET FACTORY, OFFICE, F	19	21c. HOW INJURY OC	CURRED	CITY OR TO		COUNTY	STATE
	22a I certify that (I) (this saw the deceased of above, (I) (we) (did) 22b SIGNATURE	ve)on_ 0 -	26 19	/	nd that in (my) (our) opi	NG .	MEDICAL STA	FF	/	
	226 PHYSICIAN'S NAME LONG S. H		W		22e ADDRESS	300	HOSPITAL MARYLA	DRIVE		230
23a	BURIAL, CREMATION, REM				en Mem. Pk		23d LOCATION Glen Burn	nie Ar	Anne undel M	Maryland

should be detached for use as the with the State Dept of Health on TO FUNERAL DIRECTOR Afte

DHMH - 16 50M 1/81 (VRA 15, 4)

Aug. 28, 1987 Glen Haven Mem. Pk.

Glen Burnie Arundel Maryland

14 FUNERAL DIRECTOR
NAME
HOWARD K. McComas III 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Abingdon, Maryland 2100 UG 28 1987

MA CO. V. Valor, CL. TRADELO, NO. MARIE DE TRADELO.

relacio, de Elitable Hillia JAN 1980A JERMEN HIDRON ETWINS VEHILL

LONG S. HSU, H.J.

GLES BROWLE, SWITLAND, 11991

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO. DECEASED NAME LAST 20 DATE OF DEATH MONTH (TYPE OR PRINT) FRANZ WILLY UHLIG 1. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAY MALE WHITE 14 1895 92 a BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ANNE ARUNDEL GERMANY U.S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION B CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY HAMMEND MERIDIAN NURSING CENTE MACHINEST BUS SHOP SUAL RESIDENCE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND Baltimore Arbutus 1254 June Road 21227 NO X YES [FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE FIRST MIDDLE UNKNOWN UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO TYPES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) 213-05-9957 Joseph P. Uhlig 1254 June Rd. 21227 NC APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for to , (b), and ic PART I. DEATH WAS CAUSED BY todio polozonae DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM ETC.) HILE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased fram saw the deceased alive an_ and that in (my) (our) apinion death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE DEGREE 224 DATE SIGNED ATTENDING MEDICAL PHYSICIAN PHYSICIAN 8-10.8. 22e, ADDRESS Security Process Crem. Catonsville Baltimore Md. Cremation 8/10/87

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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STATE	OF MARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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1	FOR STATE REGISTRAR	DEPART		ATE OF DEATH		REG. NO.	2 1 9	10	
	COPPERSONAME A FIRST	IA G	VAR	vik		5	8-27-87	6	A M
	3 SEX	4 RACE White	5. DATE OF	-1909 YE		GE (IN YEARS LAST BIRTHD)	YRS.		AIN.
	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Baltimore	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED WIDOWED	NEVER MARRIE	0 7 /	NUE ARUN	JOR COUNTY OF DEATH		MD.
	10 ATY OR TOWN OF DEATH	I NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESSA	11	{1Y	USUAL OCCUPATION PE OF WORK FOR MOST OF WI	ORKING LIFET INDUST	d of Busin RY . Can	
			rnie	3d. INSIDE CITY LIM YES 🛣 NO [STREET ADDRESS / Z 911 GlenRic	IP CODE lge Circle	Apt.	A1
	George		een		lia	MIDDLE	Kissner	LAST 2	1961
	160 WAS DECEASED EVER IN U.S. AR (yes, no or unknown) (IF yes, giv	/E WAR OR DATES]		MArgaret	P. La	address ng-4505 Spi			
	PART I. DEATH WAS CAUSE	only one couse per fine for (o), (b), or D BY: TE CAUSE (o) DUE TO, OR AS A CONSEOU (b)	tatec	ad	enoc	ascinon		POXIMATE INTE	RVAI DEATH
	PART 2. OTHER SIGNIFICANT OF THE PROPERTY OF T	DUE TO, OR AS A CONSEQUE OF THE CONDITIONS CONTRIBUTING TO	DEATH BUT NO	MIC NO.	11.31	0a AUTOPSY? 2	ION GIVEN IN PAR OB IF YES, WERE FIN	IDINGS USE	D
	210. ACCIDENT WAS UNDERLYING			ZIc HOW INJURY C		ES NO	YES	NO [
the state of the s	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that I this haspi		FARM, ETC 2	GREE		to		7. that (fi)	
-	22d PHYSICIAN'S NAME (TYPE C	PRINTS III		OF PHYSIC DIE ADDRESS SI FRA	IAN DI	RECTOR PHYSICIAL NOT A	1	s M	d.
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			METERY OR CREMA	TORY	Glen Burn	ie,Md.		STATE
	24 FUNERAL DIRECTOR NAME John C. Miller,	ADDRESS	11:15	2	AUG	2 8 1987	REGISTRAR'S SIGN		lina,

DHMH - 16 60M 7/B4 (VRA 15, 4)

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IMPORTANT: If them 21 is marked at them 18 shows any injury, ar ather traumatic event,

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending phy should be detached for use as the burial-transit permit. Then please remove corbanpa with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remay

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0628		FAUG 14 87, REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO. 2 1 9 7
o company		CEASED NAME FIRST VOIDE	hu Robinson VAROUV	20 DATE OF DEATH MONTH DAY YEAR TO HOU
ectopu	3. SE	Florale	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death Po	70 81 W	RTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel MD.
s ofter d by the fu	10. C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE ACTUAL CONTROL OF THE PROPERTY OF THE	120 USUAL OCCUPATION (TUPE OF WORK FOR MOST OF WORKING LIFE) THE KIND OF BUSINESS OR INDUSTRY
filled in and be f	05U 13a		ER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 138. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 2403
ompletely Tong 2 sh	14. F/	ATHER'S NAME FIRST MIDE	15 MOTHER'S MAIDEN NAM	A. Claflin
Poges 1	160 V	VAS DECEASED EVER IN U.S. ARMEI VES NO OR UNKNOWN) (IF YES, GIVE WA	FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	Vanous - #13
to death certificate to detect the certificate and the certification of periods of temporal at the certification of the certification o		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED 8' IMMEDIATE C Canditions, if any, which gave rise to immediate couse (a), stating the	Cursiae Hiris	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOW
equires that the same signed by the please of the same same of the same same same same same same same sam	TION	underlying cause lost. PART 2 OTHER SIGNIFICANT CON	(c) ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	
The low	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NOSE IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN og physic certificat not-tran- ental Hys hem MB s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	RED (ENTER NATURE OF INJURY IN 11EM 18 PART I OR PART 2)
of the state of th	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN COUNTY STATE
OR ATTENDIS or hospital or DRECTOR: A sched for use Dept of Healt if hers 21 to me		270 I certify that (I) (II soprose the deceased alive as above, II) I (did (did of ot) vi 22b. SIGNATURE	ew the body after feath. DEGREE	death occurred on the late and hour and from the causes stated MEDICAL STAFF
O HOSPITAL efounded by the TO FUNERAL whould be detected to the Store		Bodbey L	Brimhal My prest Dr	DIRECTOR PHYSICIAN DIVE Annapolis, MD
BP	23a	BURIAL, CREMATION, REMOVAL (SPECIFY)	135 DATE 135 NAME OF CEMETERY OR CREMATORY Metropolitan	Alexandria Alexandra VA
DHMH - 16 60M 7/84 (VRA 15, 4)	10	uneral director a ylor Funeral	Chapel- Annapolis, MD 250. AN	5 1 3 1987 File Juille Pondett

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ì	3. SEX	X		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEAR			NDER I YEAR	IF UNGER 29 HR	_
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1	1	st Virgin	nia	U.S	.A.	WIDOWE		Anne	a ARunde	e1		Α.	MD.
1	10 CI	TY OR TOWN OF	EATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OC				F BUSINESS O	
	N	Millersvi	11e	_	nella Cou			Clerk	OR MOST OF WORKIN		oroce	rv Stor	ce
1	USUA 130 S			OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		1				7	_
	ME		A.A		Millersv:		13d INSIDE CITY LIMITS?		DRESS / ZIP C			21108	
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il.	C	Cassius	M	MIOOLE	Barbo	21180	Clara	M	MIDDLE		Pok	perts	
ł		VAS DECEASED EV			166 SOCIAL SECU		17 INFORMANT (Daug		ADDRESS Rt	- #1			_
ı	ĮY	NO OR UNKNOWN)	N/A	E WAR OR DATES)	234.50.14	100	Deborah Vill						
ŀ							Inepotati Alli	alon	Earlysv	TITE			
1	79	PART I. DEATH			line for (a), (b), one		DOA'			-	BETWEEN	MATE INTERVAL ONSET AND DEATH	+
ı				TE CAUSE (a)	MALIGA	JAN	T BRAIN	Tun	IOR				
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ı	4.1	gave rise to i	mmediate	(b)_									-
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ı	z	PART 2 OTHER ST	GNIFICANT (CONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE C)R CONDITION	GIVEN II	N PART Tre	a	
Ы	MEDICAL CERTIFICATION	IA DATE OF ORES	NACHTAG	Tinh COND	TION SOD WHICH	OBERATIO	N WAS PERFORMED	20a AUTOPS	V2 201 II	E VEC VAIL	EDE EILIDIA	ICC HEED	_
1	FICA	190 DATE OF OPER	0/80	1	1				IN CE		GyCAUSES	OF DEATH?	
1	RTH	1310199	4		LIENAN	7 00%			10X	YES X		NO 🗌	_
1	5	210. ACCIDENT WAS I			M. MONTH DA	Y YEAR	216 HOW INJURY OCCUR	RED (ENTER NATUR	RE OF INJURY IN ITEM	A IB PART I	OR PART 2)		
1	CAL	(IF EITHER MOTIFY M			M.	19							
1	ED	21d INJURY OCCU	JRRED	21e PLACE	OF INJURY	ADAL ETC 1	211 LOCATION STREET		ITY OR LOWN		COUNTY	STATE	
i	2	AT WORK AT	WHILE WORK			ANN, ETC /							
ı		220.1 certify that	(I) (this haspi	tol) attended th	e deceased from_		. 19	, to		19		that (I) (we) la	ost
ı		saw the dece	ased ofive on		19	, or	nd that in (my) (our) apinion	death occurred o	an the date and	hour one	d from the	causes stated	
1		226. SIGNATURE	Maia) (dia no	t) view the body	atter death.		DEGREE 7) 2-	2 200			22c. DATE	SIGNED	_
I		///		1. 1	11-1	1	ATTENDING .	MEDICAL	STAFF		1/1	rlam	
4		27d PHYSICIAN'S	NIAME TOWN	al	land,	/0	/	DIRECTOR			0/1	0/81	
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1		HAI	21100	7.6.	NAUT	A,	600 N.C	DOLF	E 57.	131	4671	MERZ	
	23a. B	BURIAL, CREMATIO	N, REMOVAL	23b. DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATIO			MINITY	STATE	=
	- 1	Burial	1	Aug 19	, 1987 C1	cooks	Cemetery	Hunti	ngton	Cab	ell	W.V.	
1	24 FL	UNERAL DIRECTOR	1)	Must			250. DAT	TE REC'D. BY REG	2			URE	_
	S	ingleton '	Funera	I Home	Glen Bur	nie.	Md. 21061 All	3 1 8 m	17 Julia	David	son-R	indest	
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DHMH - 16 60M 7/84 (VRA 15, 4)

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Singleton Funeral Home Glen Burnie, Maryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	HELGISTRAK								
	DECEASED NAME	FIRST	WIDDLE		AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	ON TRINITI	Henry	Maynard	Wa	lter	Aug	ust	3 1987	9:0
3.	SEX	4 F	RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTH	HDAY)	IF UNDER 1 VEAL	IF UNDER 24 HE
	Male		White	July	y 27, 1900	87	YRS		
70	BIRTHPLACE (STATE O	1-1-	CITIZEN OF WHAT COUNTRY	? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OF			
2	West Virgi		USA	WIDOWE	D DIVORCED	Anne Arun		Co.	,
10	CITY OR TOWN OF DI	ATH 11.	NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPATIO			OF BUSINESS (
7	Glen Burni		107 Crain High		.E.	Doctor		Self-	-Employe
5 13	Maryland	13b. COUNTY A A C	o. Glen Bu	WN	13d. INSIDE CITY LIMITS? YES NO X	13. STREET ADDRESS / 107 Crain			E. 210
X	20 Harry	MIDE	Walte			trude		Hug	
人	a WAS DECEASED EVE (YES, NO OR UNKNOWN) NO	R IN U.S. ARMEI			17 INFORMANI(Daug) Elizabeth W				ton Roald. 2109
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di Georgia	gove rise to in couse (a), stoll underlying could underlying could part 2 OTHER SIG	mediate ing the ing th	DUE TO, OR AS A CONSEO (c) NDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH	DEATH BUT		200 AUTOPSY? YES	20b IF YE IN CERTII	S, WERE FIND FYING CAUSE ES []	INGS USED
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DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTA TYGIENE
CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
	ched MARGARET	Wheeler	20 DATE OF DEATH MONTH	2 87 7 45 AM
Female	RACE white	5. DATE OF BIRTH MONTH DAY YEAR OG	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
MENTHPLACE (STATE OR FOREIGH	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN	TY OF DEATH
JULIA DOLLS	11 NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT OF THE OF WORK FOR MOST CONTROL OF THE OF WORK FOR MOST CONTROL OF THE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OF THE OFFICE OFFI	176 KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (# NURSING HO	AE OR OTHER INSULUTION GIVE RESIDENCE BEFORM OPENING THE CITY OR TOVER THE CONTRACT OF THE CON	RE ADMISSION) N 136 INSIDE CITY LIMITS?	13: STREET ADDRESS / ZIP CO	B. 21401
14 FATHER'S NAME	MIDDLE WALS HAST	15 MOTHER'S MAIDEN N	BE+H MIDDLE	NORFOLK
160 WAS DECEASED EVER IN U.S. (YES NO DE INKNOWN) (IF Y	ARMED FORCES? S. GIVE WAR OR DATES) 212 74	1278 BEHIE W.4	1524 HE	Guekian St.
PART I. DEATH WAS C	er only one couse per line for (a), (b), o USED BY: DIATE CAUSE (a). BRAIN	ANOXIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	DUE TO, OR AS A CONSEQU		nnest	
gave rise to immediat cause (a), stating the underlying couse las	DUE TO, OR AS, A•CONSEOL	JENCE OF .	MA	Zwh
	nt conditions contributing to	2010111	MINAL DISEASE OR CONDITION C	GIVEN IN PART 11a
Metartas 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYIN		H OPERATION WAS PERFORMED	_ N IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART) OR PART 2)
OR CONTRIBUTING CAUSE OF CONTRIBUTING TO COURTED THE PROPERTY OF COURTED THE COURTED TO COURTED THE CALL WORK ALL WORK A	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
	ospital) attended the deceosed from e on 19 d nati view the body after death.	St. and that in (phy) (our) apinion	7, to 8/2 n death occurred on the date and h	our and from the causes stated
226. SIGNATURE	Sold view the body diver dealth.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	276 DATE SIGNED
ANDREW	G. GORDON	16 Murra		tp. Md 21401
130 BURIAL, CREMATION, REMO		NAME OF CEMETERY OF CREMATORY		COPO MIAIE
74 FUNERAL DIRECTOR	1011 1 199ess		ATE REC'D. BY REGISTR R 256 REG	ISTRAR'S SIGNATURE

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Taylor for the second of the s

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

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(Car			3 /	4
REG. NO	Э.			- 3

	1	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	4	EDT
	TORC	EASED NAME	FIRST	,	AIDDLE	L	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
	LIYPE	WILL	IAM	MICI	HAEL	WHEE	ILER	AUGUST	25	, 1987	0013 AM
	3. SEX			4. RACE		S. DATE C		& AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
		Male		Caucasi	ian	Febr	uary 14, 1901	86	YRS	MONTHS	HOURS MIN.
1		THPLACE (STATE OR	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D A NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
Į,		laryland		United	States	WIDOWE		ANNE A	RUNDE	L COUNT	Y MD.
1	10 CI	TY OR TOWN OF DEA	ATH				OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
1		GLEN BURN	IE	NORTI	ARUNDEL	HOSP	PITAL	Printer	DF WORKING [R		ing Co.
e de	USUA 13a. S	L RESIDENCE (# NURS	ING HOME OR		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	Ma	aryland		Arundel	Pasaden		YES NO	1006 Duval	1 Hwy	. 2	1122
À	14. FA	THER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		145	1
		Albert		I.	Wheeler		Augustin	e W.		Whi	teford
Ī		AS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU		17_INFORMANT	ADDR			
ā	(,	ES, NO OR UNKNOWN)	(17 763, 614		216 09 2	146	Elsie Wheele	r (Sam	e as	13a-e)	
*		IE CAUSE OF DEAT PART I. DEATH W	H (Enter on	ly one cause per	line far (o), (b), an	d fici.)	• 4-	0		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		D BY: E CAUSE (o)	Card	non	speritory	arrest			
			MARCON		R AS A DNSEQUE	NCE OF	1				
		Conditions, if any,	which	(40	Puls	nn	rang E	dema			
		gave rise to imr	mediate	PUETO O	As a CONSEQUE	NCE CE	1 / 0/		2 -	100	
		underlying cause		1	living	CI	min one	ustine l	urw	and for	esals
		PART 2 OTHER SIGN	VIFICANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GAV	EN IN PART TO	0
	o N							0			
3	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES	, WERE FINDIN	GS USED
	T H							YES NO	YE	s 🗌	NO 🗆
		218. ACCIDENT WAS UNI	-	110000	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDI		TH .		19					
	MEDICAL	21d INJURY OCCUR		21e. PLACE O	OF INJURY SEET, FACTORY, OFFICE, F	ARAM ETC I	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	2	AT WORK NOT WE	RK R						1.		
		22a.1 certify that (1)	(this haspi	tal) attended th		8/	198	, to	13	19 7.	that (I) (we) lost
		saw the decease above, (I) (we) (c	ed alive an	t) wew the body	ofter death.	1,0	nd that in (my) (our) opinion o	death occurred on the d	ate and hou	r and from the	couses stated
		22b. SIGNATURE		//			DEGREE	/		22c. DATE	SIGNED
		(B	1	Lord	tuo,	con	ATTENDING PHYSICIAN	DIRECTOR PHYSIC		8/0	7/87
		224 PHYSICIAN'S N	AME CHE O	PRINT			1	45 OAKWOOD		SUITE	107
		JOSE M	PRE	SRITERO	мъ			NIE, MARYL		1061	20,
		URIAL, CREMATION,	-	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(!	Burial		Aug. 2	7. '87 W	oodla	wn Cemetery	Woodlawn		Balting	MD MD
1	24 FU	NERAL DIRECTOR					tain Rd. 25 PAT	ERECR. BYRESTERAR	25b. REGIST	RAR'S SIGNAT	URE
	Mo	Cully Fun	eral :	Homes	Pasa	dena.	MD 21122 AUG	20 1901 0			

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

JOSE COMMITTAL STREET STREET STREET

STATE OF MARYLAND

26 HOUR

1000

126 KIND OF BUSINESS OR

BETWEEN ONSET AND DEA

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

COUNTY

23d LOCATION

22c DATE SIGNED

STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23c NAME OF CEMETERY OR CREMATORY

THE REPORT OF THE PARTY OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ň			1		2	6	
			•		all	6	

Bi	REGISTRAR		CERTIFI	CATE OF E	EATH O	REG. N	0.,		
	CEASED NAME FIRST WILLIAM	BLAIR	WILSO			AUG 8,		DAY YEAR	1800
3 SE	MALE 4.	CAU CAU	S DATE OF		1 902	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	
Č	CALIFORNIA	USA	WIDOWE		VORCED [e Arun	del Co	
FI	r. MEADE, MD	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACT TY, GIVE STREET, KIMBROUGH ARMY	HOSPI	TAL	TITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST COast Guar	OF WORKING LI	FE) INDUSTRY	of Business o y ast Guar
13a. S	AL RESIDENCE (IF NURSING HOME OR OT STATE 13b, COUNTY ANNE		NA BEA	CHEXXX		130 STREET ADDRESS 189 CA	RROLL	RD.	2/12:
14. FA	ATHER'S NAME FIRST Benjamin	Wilson			s maiden na/ first known	WIDDLE		Moo	
(WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W YES			WIF		Y WILSON	103	Carro iera B	oll Rd. Beach, M
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: Motactat		ostate	Cancer				years
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)							
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	DEATH BUT N	NOT RELATED	TO THE TERM	IN AL DISEASE OR CON	IDITION GIV	EN IN PART I	l(o)
	190. DATE OF OPERATION	196. CONDITION FOR WHICH	CONDITION FOR WHICH OPERATION WAS PERFORMED N/A				IN CERTIF	S, WERE FIND FYING CAUSE S	NO [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, I	ART † OR PART 2)				
MEDICAL	21d. INJURY OCCURRED WHILE ONOT WHILE OAT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		21f. LOCATK STREET	ON .	CITY OR TO		COUNTY	STATE
	22a.1 certify that (N) (this haspital	8 AUG		UG	19 <u>87</u> XX) aginina (, to8 AU		198/	, that (I) (XV) la

physicion please TO TUNEXAL DIRECTOR: After this certificate has been sign than the detached for use as the buriot-tronsit permit. Then the time Dept. of Health and Mental Hygiene prior to but the time of the sign o OR ATTENDING PHYSICIAN: The If Hem 21 is morked or Hem 18 MPORTANT BP.

injury, or other troumotic

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Sabrina Benjamin, CPT, MC 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

numen

8/10/1987

sow the deceased alive on O AUU
above, (I) (Me) (did) (did not) view the body after death

Kimbrough Army Hospital 23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

MD

23d. LOCATION Green Mount Crematory

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIANXX

and that in (my) (Wr) opinion death accurred on the date and hour and from the causes stated

COUNTY Baltimore, Maryland 21202

22c DATE SIGNED

8 AUG 87

STATE

Cremation 24 FUNERAL DIRECTOR

224 PHYSICIAN'S NAME (TYPE OR PRINT)

Bradly Funeral Home,

226. SIGNATURE

Baltimore, MD 21222

DHMH - 16 25M (VR A 15 (4)) 9/74 death

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-,

Hed	FOR STATE REGISTRAR				CERTIF	EALTH AND MENT ICATE OF DEAT		REG. N	2 1	97	9
	EALD NAME E OR PRINT)	Walter	MI	H.		oodley		20 DATE OF DEATH	монтн – 8	6 - 8	2b HOUR
13	x Male		White		5. DATE C	OF BIRTH	923	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
Pen	IRTHPLACE (STATE O COUNTRY) nsylvania, US	SA	U.S.A.	'HAT COUNTRY?	WIDOWE		ED 🗍	9 BALTIMORE CITY OF Anne Arunde	Count	y	MD.
JG	ITY OR TOWN OF DI ILEN BURNIE AL RESIDENCE (IF NU		384 Ph	FACILITY, GIVE STREET	ad, Gle	en Burnie 2		120 USUAL OCCUPATION OF Supervisor	F WORKING LIF	Gas &	Elec. Co
130 N	Maryland	136 COUNTY		3c. CITY OR TOW	/N		[X]	384 Phrine	Road,		1061 urnie, MD
0	Frank		١.	Woodle		15 MOTHER'S MAIL Mabe		WIDDE		Ý	eager
	WAS DECEASED EVE YES NO OR UNKNOWN) YES	(IF YES GIVE WA	R OR DATES!	66 SOCIAL SECT		Grace M.	Wood	ADDRI dley 384 Ph			21061
	18 CAUSE OF DEA PART I. DEATH	WAS CAUSED 8	Υ.	ne for (o), (b)	dictil M	cheshic	ac	len Car		BETWEEN	ONSET AND DEATH
NOI	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse ioi, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o										o
CERTIFICATION	190 DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO	IN CERTIF	S, WERE FINDI	NGS USED S OF DEATH?
Α	210. ACCIDENT WAS U	CAUSE OF DEATH	21b. TIME OF HOUR A.M P.M	. MONTH D	AY YEAR	21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)	- Cont
MEDICAL	21d INJURY OCCU	WHILE []	21e. PLACE O (AT HOME STREE	F INJURY ET FACTORY, OFFICE F	FARM ETC)	211 LOCATION		CITY OR TO	wn	COUNTY	STATE
			(July 19	1		-87 -pinion d	eath accurred on the de	ote and hou		
	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN ORRECTOR PHYSICIAN OR									187	
	22d PHYSICIAN'S	nyo TH	TART			1.01	BACTO	cin so.	DQ.	3 7	
	BURIAL, CREMATION (SPECIFY) Cremation		3b. DATE 8-7-87	W	estvi	ew Memoria	al	23d LOCATION CITY OF TOWN Baltimo		-	STATE
	uneral director da-Ruck Func	eral Home	of Dunda			1 0 21222	250 DATE	UG 10 1987	25b. RECOST	RAR'S SIGNA	m. Randoms

DHMH - 16 60M 7/84 (VRA 15, 4)

etained by the haspital ar attending physician.

OR ATTENDING PHYSICIAN. The

TO HOSPITAL

BP.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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, 0	2002 1	Po	REGISTRAR		MED	DICAL EXAMIN	ER'S CERTIFIC	CATE OF DE	MOH / REG	NO.		
~	76K		CEASED NAME E OR PRINT)	FIRST	ICHAEL	JEFFERY.	YOUN	G	20 DATE KNOWN OF ESTI- DEATH MATED	0 1	DAY YEAR	2b HOUR
1	DIRECTO DIRECTO OUR FILE 72 HOU ON STREE	J. SEX		ack	Dec. 12,	1957 6 AGE (IN YE LAST BIRTHD)	ARS IF UNDER 1 YR. AY) MONTHS DAYS RS.	HOURS MIN	20 DATE PRONOUNCED DE AD	MONTH 8-6-	-87 19	8:51g
	VECESSA UNERAL PER	FC	RTHPLACE (STATE OR REIGN COUNTRY)		76. CITIZEN OF WH	AT COUNTRY?	8. MARRIED NE	VER MARRIED DIVORCED	9 BALTIMORE CIT Anne Arui			MD
	PASTE P		TY OR TOWN OF DE		Rt. 69	PITAL, NURSING HOMI HITY, GIVE STREET ADDRESS) 5 and 648			UAL OCCUPATION (-man-	OR INDUST CONSTR	TRY
.21201	AND 3 TO RETAIN PA FOULD BE FOUND BE	13a. S			City	E RESIDENCE BEFORE ADMISSI 130. CITY OR TOWN Baltimore	13d INSIDE (I	NO 130 ST	622 Erdm			
RE, MD.	TO SECOND		THER'S NAME Charles		enry	Young	Har	R'S MAIDENNAM IRST riet	Lucinda		Jameso	
ALTIMO	SAFER IN FORMAGES I		VAS DECEASED EVER ES, NO, OR UNKNOWN) BO		MED FORCES? WAR OR DATES)	217-78-9	line	da da nda Gai	Smith-Yourg,	ung same	as 13	Зе.
ON ST., B	MERMIN ONG WILL PERMIT, PSIENE, DI	7	18 CAUSE OF DEA PART I DEATH V	VAPOR ALLCED	E CAUSE (o)	Multi		es			BETWEEN ONSE	
V. PREST	WITHIN 2 ENCIL IN II MINER ALC TRANSIT F INTAL HYG OR REMOV		Canditions, if gove rise to cause (o) statin	immediate	(b)	AS A CONSEQUENCE						
S, 201 V	00214	1	Couse (o) storing the under- Lying couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)									
RECORDS,	MEDIC MEDIC AS A CREM	TION										
	JASH SUST	CERTIFICATION	210 EXTERNAL CAU		21b. TIME OF						YES X	NO [
DIVISION OF VITAL	ITIFICATE S IG THE WO TO THE SHOULD BE PARTMENT RIOR TO BU	MEDICAL CE	UNDERLYING 3	OR CAUSE OF D	HOUR A.M. 8:4074	MONTH DAY YEAR	operator	of heavy	machinery	which	overtu	rned
DIVIS	WRITING WARDED PAGE 3 SI TATE DEP.	MEC	WHILE AT WORK AT V	WHILE C		ory, FARM, ETC.) ruction sit	e Rt. 695&	698 Ar	nne Arunde			STATE
	MINER: HFICATE BE FOR: ECTOR: HTHES		27a Certify that I took charge of the remains described above, held on Autopsy X. Inspection . Inquiry and in my opinion death resulted fram: Natural causes . Accident X. Suicide . Homicide . Undetermined monner .									
	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BI PAGE 4 SHOULD BI PAGE DENEM WITH BALTIMORE, MARYL		ACTUAL SIGNATURE MEDICAL EXAMINER SIGNATURE SIGNATURE SIGNATURE								8-6-87	
	XECUTE XECUTE AGE 4 S O FUNE FTER DE ALTIMO		EXAMINER'S NAME (TYPE OR PRINT)	<u>l</u>		A. Korell,			nn Street			
07/84 25M	BP	(5	DRIAL, CREMATION, PECIFY) Burial JNERAL DIRECTOR		8-11-87		METERY OR CREMATO Heart Ce	em. Bu	ocation of town is hwood,		_	'MD.
	DHMH - 17 (VR A15 ME (5))			Matti	ngley,Le	onardtow	n,MD.	AUG 1	V REGISTRAR 256 RE	inlia Du	IGNATURE PO	due